



Faculty of Medicine

3- December 2011

Cairo University

Time allowed : 2 1/2 hours

Paper I 6th year Internal Medicine MBBch

ALL QUESTIONS ARE TO BE ANSWERED

1- Mention 5 causes for

A- Cardiac chest pain. (2.5 marks)

B- Sinus tachycardia (2.5 marks)

2- Outline treatment of:

A- Atrial fibrillation. (2.5 marks)

B- Angina pectoris. (2.5 marks)

3- Outline how to deal with cardiac arrest (cardiopulmonary resuscitation)? (5 marks)

4- Mention 2 major and 3 minor criteria for diagnosis of:

A- Rheumatic Fever. (2.5 marks)

B- Subacute Bacterial endocarditis . (2.5 marks)

5- Mention the manifestations of severe asthma (status asthmaticus) and how to treat it? (5 marks)

6- Mention 5 complications of community acquired pneumonia (Pneumococcal pneumonia) and how to treat it? (5 marks)

7- Describe the treatment of a 35 years old patient with pulmonary tuberculosis? (~~doses and side effects~~ are required). (5 marks)

8- As regard pulmonary embolism:

- A- Mention 5 investigations to do when you suspect pulmonary embolism. (2.5 marks)
- B- Outline how to treat? (2.5 marks)

9- Describe the clinical signs of:

- A- Bell's palsy. (2.5 marks)
- B- Subarachnoid hemorrhage. (2.5 marks)

10- Outline treatment of:

- A- Parkinsonism (2.5 marks)
- B- Transient Ischaemic attacks. (2.5 marks)

11- Enumerate 5 causes for:

A- Peripheral Neuropathy. (2.5 marks)

B- Spinal paraplegia. (2.5 marks)

12- Enumerate 5 investigations you would like to do for a case of:

A- Convulsions. (2.5 marks)

B- When a tumour is suspected in the brain(2.5 marks)

13- Enumerate:

A- Types of diarrhea. (2.5 marks)

B- 5 medical causes for acute abdomen. (2.5 marks)

14- Outline drug therapy of:

A- Ulcerative Colitis. (2.5 marks)

B- Helicobacter Pylori eradication. (2.5 marks)

15- Enumerate 5 investigations for a case of :

A- Malabsorption. (2.5 marks)

B- Constipation (2.5 marks)

16- Describe the:

A- Clinical picture of Acute Viral Hepatitis. (3.5 marks)

B- Criteria for diagnosis of hepatorenal syndrome.
(1.5 marks)

17- Mention 5 investigations(and their significance)
you may do for a case :

- A- Suspected to be iron deficiency anaemia. (2.5 marks)
- B- Having bleeding tendency. (2.5 marks)

18- Mention 5 causes for:

- A- Eosinophilia. (2.5 marks)
- B- Aplastic Anaemia (2.5 marks)

19- Outline the lines of treatment of:

- A- Diabetic Ketoacidosis. (2.5 marks)
- B- Graves Disease. (2.5 marks)

20- How can you investigate a case of:

- A- Cushing Syndrome. (2.5 marks)
- B- Pituitary Adenoma (2.5 marks)

21- Outline the lines of treatment of:

- A- Rheumatoid arthritis. (2.5 marks)
- B- Acute Gout. (2.5 marks)

22- Describe the clinical picture of Systemic Lupus Erythematosus. (5 marks)

23- Mention 5 causes for :

A- Oliguria. (2.5 marks)

B- Renal haematuria. (2.5 marks)

24- Outline the management of :

A- Chronic Renal Failure. (2.5 marks)

B- Acute Renal Failure (2.5 marks)

25- Mention 5 causes of :

A- Fever with lymphadenopathy. (2.5 marks)

B- Common causes for fever of unknown origin. (2.5 marks)

26- What is the treatment of : (Dose of one drug is required)

A- Acute Malaria falcipara. (2.5 marks)

B- Acute Intestinal Amebiasis (2.5 marks)



Faculty of Medicine

6- December 2011

Cairo University

Time allowed : 2 1/2 hours

Paper II 6th year Internal Medicine MBBCh

ALL QUESTIONS ARE TO BE ANSWERED

1- A 55 year old male patient known hypertensive and diabetic presented at the emergency department with severe retrosternal chest pain since one hour. The pain occurred at rest, radiate to the left arm, is not relieved by sublingual nitroglycerin. Physical examination: vital signs: pulse 90/min. ; blood pressure 200/110. Cardiac: regular rhythm; no murmur or extra sounds. The rest of the examination was not remarkable.

A- List the medical Problems in this patient ? 3 marks

B- Mention 5 investigations you would like to order in the emergency room? 5 marks

C- What is the urgent treatment you would recommend? 2 marks

D- What is the long term treatment you will suggest to the patient? 5 marks

2- A 40-year-old man presents with a 6-month history of dyspnea on exertion. His dyspnea has progressively worsened. He also reports increased cough productive of yellow sputum over the last 10 years. He has smoked two packs of cigarettes every day for the last 10 years. Physical examination show central cyanosis and normal vital signs. Chest examination demonstrates, hyperresonance on lung percussion, soft breath sounds with increased expiratory phase, expiratory rhonci all over the chest and bilateral basal medium sized consonating

crepitations at the posterior lung bases. Heart and abdominal examination are free.

A. What is the diagnosis of this patient and the complications of the condition he suffer from ? 4 marks

B. Mention 4 investigations you would like to do to this patient? and what you expect in each? 4 marks

C. How would you treat him? 5 marks

D. Mention 4 other causes for central cyanosis? 2 marks

3- A 65 year old man presented to emergency room with coma. The relatives give history that the patient is hypertensive and he was not receiving his medications. He suddenly developed severe headache with repeated vomiting and he lost consciousness. On examination the blood pressure was 220/130, pulse 58/min temp 37.2°C, RR 22/min Glasgow coma scale was 11. There were no signs of meningeal irritation. There was right sided hypotonia, hyporeflexia and extensor planter response on the right side. LCH

A- What is your diagnosis? 2 marks

B- What are the investigations needed to prove? 3 marks

C- What is the Glasgow scale? 2 marks

D- Give the plan of treatment for this patient? 7 marks

4- A 42 year old male presents to the ER with one day history of vomiting of fresh blood. He also reported passing black tarry stools for the last 3 days and feeling generally unwell for the last 6 weeks. He noticed increase of abdominal girth. He was diagnosed as having chronic HCV hepatitis 3 years ago. On examination he was disoriented

4 5 6

- 2 -

HCV
- HCV
Varicose
PCR

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with flapping tremors, jaundiced, and pale. Pulse was 110 bpm. BP was 110/70. Abdominal examination revealed palpable liver 2cm below the right costal margin and is firm in consistency mild splenomegaly and moderate ascites.

- A- List the medical problems in this patient? 4 marks
- B- Mention top two priorities in the management of this patient? 2 marks
- C- Mention the main lines of the urgent treatment of these two conditions? 8 marks
- D- How can you manage the ascites in this patient? 1 mark

5- A 22-year-old woman presents with episode of epistaxis and menorrhagia. She had diffuse petechial hemorrhage scattered over the whole body and bruises on both left and right lower limbs. Petechial hemorrhages were also noted on the palate. There was no hepato-splenomegaly. A full blood count reveals a platelet count of less than $10 \times 10^3/\text{dl}$, a normal WBC and Hb 9.5 g/dL.

- A- What is the most probable diagnosis? 2 marks
- B- Mention 6 causes of thrombocytopenia? 3 marks
- C- Describe bone marrow picture of the most probable diagnosis? 3 marks.
- D- Mention the main lines of treatment of the most probable diagnosis? 7 marks

6- A 50-year-old male presented with edema of the lower limbs. He is diabetic on metformin (500 mg twice daily) and glibenclamide (5 mg once daily) for 8 years. There was burning sensation in feet. On examination the patient is lying comfortably flat in bed, BP was 170/110 mmHg, pulse 88/min and regular. He had hyperthesia in both lower limbs. Fundus examination showed microaneurysms and soft exudates,

lactar. man.
Diabetes
hypertens.
Pancytopenia
12

His fasting blood sugar was 244 mg/dl, his creatinine was 2.7 mg/dl and abdominal sonography revealed normal sized kidneys with grade one echogenicity.

- A- List the medical problems in this patient? 4 marks
- B- Mention 4 other complications the patient is prone to? 2 marks
- C- Mention 4 other investigations you would like to order? And what you expect from each? 4 marks
- D- How would you treat him? 5 marks

7- A 32 year old lady presented with fever of one month duration with generalized myalgia, pain and swellings in the small joints of both hands and feet, and easy fatiguability. Examination revealed pallor, an erythematous malar rash, areas of nonscarring alopecia, and an ulcer on the inner aspect of the cheek.

- A- What is your provisional diagnosis? 2 mark
- B- What investigations would you recommend to:
- i. Confirm the diagnosis? 3 marks
- ii. Look for other complications which may occur in this patient? 3 marks
- C- Mention other three possible causes of prolonged fever? 3 marks
- D- Mention main lines of treatment of this patient? 4 marks

8- A male patient 60 years old, known to have long standing hypertension on irregular treatment, presented with history of generalized fatigue over the last 6 months. Over the last 2 months, he complained of nausea with occasional vomiting and itching all over the body. On examination, his BP was 170/110, he was found to be pale

with some scratch marks over the LL. His skin was dry .

Investigations showed serum Creatinine 9mg/dl, BUN 100, serum Na 135mmol/L , K 5.8mmol/L , Ca 7.5 mg/dl ,P 6.5mg/dl , Hb 8gm/dl ,WBC 4.7×10^3 /mm³, Plt 190×10^3 /mm³.

- A. What is the most likely diagnosis? 2 marks
- B. Mention 4 further investigations you would like to perform? And what you expect from each? 4 marks
- C. Mention 4 possible causes for this patient condition? 4 marks
- D. What is the urgent treatment? 2 marks
- E. Mention 3 other manifestations which can occur to this patient? 3 marks

GOOD LUCK



Faculty of Medicine

Cairo University



9- June 2012

Time allowed : 2 1/2 hours

Paper I 6th year Internal Medicine MBBch

ALL QUESTIONS ARE TO BE ANSWERED (120 marks)

The Exam papers are 3

Doses are only required when stated

- 1- Mention 5 causes for
 - A- Risk factors for atherosclerosis. (2.5 marks)
 - B- Ectopic Ventricular Beats (2.5 marks)
- 2- Outline treatment of :
 - A- Acute pulmonary oedema. (doses are required).
(5 marks)
 - B- Hypertensive Encephalopathy. (doses are required).
(5 marks)
- 3- Mention 5 investigations you would like to do for:
 - A- 65 year old patient with acute chest pain. (2.5 marks)
 - B- Hypertension in an 18 years old patient. (2.5 marks)
- 4- Mention 5 complications for:
 - A- Chronic Obstructive Lung Disease. (2.5marks)
 - B- Bronchiectasis. (2.5marks)
- 5- Outline treatment of:
 - A- Lobar Pneumonia. (5marks)
 - B- Attack of bronchial asthma. (5marks)
- 6- Mention investigations you would like to order for a case of pulmonary T.B. and what are the findings you expect?
(2.5marks)

7- Outline treatment of:

- A- Thrombotic hemiplegia? (5 marks)
- B- Status epilepticus? (5 marks)

8- What are the clinical signs of:

- A- Occlusion of posterior inferior cerebellar artery (Wallenberg's Syndrome) . (2.5 marks)
- B- Parkinsonism . (2.5 marks)

9- What are the:

- A- Diagnostic alarms (Red flags) in cluster headache? (2.5 marks)
- B- Differences between upper and lower motor neuron lesions. (2.5 marks)

10- Enumerate 5 causes for :

- A- Fresh bleeding per rectum. (2.5 marks)
- B- Acute epigastric pain. (2.5 marks)

11- Outline treatment of :

- A- Crohn'S disease. (2.5 marks)
- B- Peptic ulcer secondary to NSAID (2.5 marks)

12- Outline treatment of:

- A- Hepatic encephalopathy. (5 marks)
- B- Ascites due to liver disease. (5 marks)

13- Mention investigations (and what are you looking for in each) in a case of Suspected haemolytic anaemia. (5 marks)

14- Mention causes of Pancytopenia (2.5 marks)

15- Describe the diagnostic criteria for diabetes? (2.5 marks)

16- Outline the treatment of Grave's disease? (5 marks)

17- Describe clinical picture of rheumatoid arthritis? (5 marks)

18- Mention 5 causes for :

A- Low back Pain. (2.5 marks)

B- Neck Pain. (2.5 marks)

19- Define and Mention 5 causes for :

C- Hypokalemia. (2.5 marks)

D- Oliguria. (2.5 marks)

20- Describe the clinical picture and complications of nephritic syndrome. (5 marks)

21- Describe the diagnostic approach for a patient complaining of fever of unknown origin? (5 marks)

22- Mention treatment of typhoid fever(doses are required)?

(2.5 marks)



Cairo University

Faculty of Medicine.

Department of Psychiatry

Sixth year. Final Psychiatry exam

June 2012

Answer two questions out of three: (10 marks each)

1. a. Describe the clinical picture of a panic attack. (5 marks)

b. Define Delirium and enumerate its common causes.

(5 marks)

2. a. List the indications of antidepressants. (5 marks)

b. Define the terms "Tolerance" and "Dependence" of substances of abuse.

(5 marks)

3. a. Enumerate the causes of violence and excitement in psychiatric patients.

(5 marks)

b. Describe the clinical picture of a manic episode. (5 marks)



Paper II 6th year Internal Medicine MBBCh

ALL QUESTIONS ARE TO BE ANSWERED (120 marks)

The Exam papers are 5

1- A 45 year-old male came complaining of chest pain with exertion and several weeks of worsening exertional dyspnea. He has orthopnea with occasional paroxysmal nocturnal dyspnea. No significant medical history. No history of medications. He smoke 2packs/day. He has family history of diabetes and his father died of sudden cardiac attack. On examination, temperature 37°C, with a heart rate of 104/min blood pressure 115/90 mm Hg, and respiratory rate 16 breaths per minute. Chest examination show bilateral basal inspiratory crackles. Cardiac examination is normal. His serum cholesterol was 220mg%.

- A. What is the most likely diagnosis? 3 marks
- B. What are the predisposing factors for this condition present in this patient? 3 marks
- C. What is the most appropriate investigations you would order and explain why.? 3 marks
- D. How would you manage such a patient? 6 marks

2-A 33-year-old woman presented to the ER because of acute dyspnea and right sided chest pain which increased with inspiration. She delivered 5 days ago her 5th offspring. She denies fever, cough, headache, abdominal pain, back pain. Physical Examination reveals a dyspneic obese woman.

Temp 36.7 °C; pulse 120/min; RR 32; BP 130/84. Heart, chest, abdominal and neurological examination are free.

- A. What is the most probable diagnosis of this patient? 2 marks
- B. What are the risk factors in this particular patient that predispose to such condition? 2 marks
- C. Mention 3 important investigations you would like to do to this patient? Describe the expected yield of each? 3 marks
- D. What acute therapy would you choose? 4 marks
- E. What would be your approach to long term management? 4 marks

3- A 65-year old man presented to the ER with weakness of the right side of her body which he noticed when he arose from sleep. He is known to have diabetes mellitus and hypertension since 15 years. He smoked ten cigarettes per day. On examination he had a right homonymous hemianopia, right facial weakness, right hypoglossal paralysis and expressive dysphasia. The remainder of cranial nerve examination was normal. He had right sided weakness (grade 2/5 in upper limb and 3/5 in lower limb of pyramidal distribution), with corresponding hyporeflexia and extensor right planter reflex. Blood pressure 190/95 mmHg, a left carotid bruit is audible. The remainder of the examination was normal including cardiac examination.

- A. Describe the probable site and type of lesion which caused this neurological manifestations? 4 marks
- B. What are the predisposing factors for this event in this patient? 3 marks
- C. What is the most important urgent investigation needed and why? 3 marks
- D. What is your plan of treatment? 5 marks

✓ 4- A 52 year old male, is admitted to ER because of vomiting a small cup of blood. He had tennis elbow for which he was receiving NSAID (diclofenate) 50 mg bid for 10 days. On examination: Temp 36.8°C, pulse 120/min and regular, RR 16/min. BP 105/65 and sclera shows tinge of jaundice. Cardiac and chest examination are free. Abdominal examination showed hepato – splenomegaly. Investigations showed: Hb 10.2 gm/dl, HCT 36.4 %, platelet and WBC are normal.

- A. What is the most probable cause for haematemesis in this case? 3 marks
- B. What information would you use to assess the degree of this patient's blood loss? 3 marks
- C. What is the most important investigation would you recommend for this patient? 2 marks
- D. What other investigations you would recommend for this patient? 2 marks
- E. What are the urgent lines of treatment you recommend? 5 marks

5- A 39-year old woman was admitted to hospital because of easily fatigued over the past several months. She claimed that she had been healthy her entire life. She has menorrhagia since 5 month after application of an IUD. Physical examination revealed pallor of mucous membranes, tongue is glazed and nails are flat. Blood picture showed HB 6.0 g/dl, HCT 18.2 % (normal 41%-53%), MCV 69 fL, platelets $400 \times 10^3/\text{dl}$, WBC $3.6 \times 10^3/\text{dl}$ with normal differential count.

- A- What is the most probable diagnosis? 4 marks
- B- What other investigations you would like to do to confirm the diagnosis and what do you expect in each? 6 marks
- C- What is the treatment you recommend? 5 marks

6- A 30-year old man with poorly controlled diabetes presented with confusion. He also suffered diffuse abdominal pain, nausea and repeated vomiting. He gave a five-day history of cough, expectoration and fever. On examination he was dehydrated, confused, and drowsy. There was acetone odor in breath and rapid deep respiration. His temperature was 39.2°C, pulse 116/minute, regular of small volume and BP 95/60. Chest examination showed scattered rhonci. Hb 13.6 gm/dl, white cell count $20 \times 10^9/L$. Random blood glucose 521 mg/dl. Blood urea 72 mg/dl, arterial PH 6.9, HCO_3^- 12 mmol/l, and urine dipsticks (ketones +++).

A. What is the most likely diagnosis? Give your justifications?

4 marks

B. What are the precipitating factors?

3 marks

C. Give the details of the appropriate management steps?

8 marks

7- A 25 year old lady presented with fever of one month duration with generalized myalgia, pain in the small joints of both hands and feet, and easy fatiguability. Examination revealed pallor, areas of alopecia, malar rash, tender metacarpo-phalangeal joints, wrists and knees on both sides. BP 170/110. CBC: HB 5.5 gm/dl

A. What is your provisional diagnosis? 2 marks

B. What investigations would you recommend to confirm the diagnosis?

4 marks

C. What complications is this patient prone to? 4marks

D. What is the appropriate treatment of this patient? 5 marks

8- A female patient 50 years old, known to have long standing hypertension on irregular treatment, presented with history of

generalized fatigue over the last 6 months. Over the last 2 months, she complained of nausea with occasional vomiting and she reported to have lost weight and to have developed some itching. On examination, her BP was 170/110, she was found to be pale with some scratch marks over the LL. Her skin was dry and cardiac examination revealed a systolic murmur.

Investigations showed serum creatinine 9mg/dl, BUN 100, serum Na 135mmol/L, K 5.8mmol/L, Hb 8gm/dl, WBC 4.7 x 10³ /mm³, Plt 190 x 10³ /mm³.

A. What is the most likely diagnosis? 2 marks

B. What further investigation would you like to perform?

3 marks

C. What other complications is this patient prone to? 4 marks

D. Discuss treatment strategies for this patient? 6 marks

4

MCQ SECTION (2 marks each)

This section include 3 papers

Please select 1 option

1- A 16 year-old boy presents with rapidly progressive weakness over three days, which is attributed to Guillain-Barr syndrome. Which one of the following is the most appropriate treatment?

- A. Azathioprine
- B. Cyclosporin
- ☒ C. Immunoglobulin
- D. Methotrexate
- E. Methylprednisolone

2- A 70-year-old female patient presents with 2 months history of apathy, withdrawal, urinary and fecal incontinence and anosmia. The most likely anatomical site of the neurological lesion is at the:

- A. Frontal lobe
- ☒ B. Parietal lobe
- C. Temporal lobe
- D. Occipital lobe
- E. Internal capsule

3- The most common cause of partial or generalized epilepsy in the elderly is:

- A. Brain tumor.
- ☒ B. Stroke.
- C. Infection.
- D. Trauma.
- E. Vasculitis

4- Chronic subdural haematoma in a 75-year-old man is NOT associated with the presence of:

- A. Hemiparesis
- B. Anosmia
- C. Impaired cognitive function
- ☒ D. Fluctuating level of consciousness
- E. Bilateral papilloedema

5- Non-immune haemolytic anaemia is a complication of:

- A- Megaloblastic anaemia.
- B- Folate Deficiency.
- C- Mycoplasma pneumonia.
- ☒ D- Prosthetic heart valve
- E- Amoxycillin Therapy.

6- A 32-year-old man was prescribed an oral antibiotic for a urinary tract infection. Two days later he noticed that his urine was increasingly dark in colour. Investigations revealed: HB: 8.5g/dl, total leucocytic count $6 \times 10^9/L$ and reticulocytes 10%. What is the most likely diagnosis?

- A. Acute Myeloid Leukaemia
- ☒ B. Autoimmune haemolytic anaemia
- C. Haemoglobin F disease
- D. Hereditary spherocytosis
- E. Aplastic anaemia

7- A 38-year-old man is admitted to the hospital after sustaining a pulmonary embolism. The patient has a past medical history significant for two idiopathic deep venous thromboses. He was started on IV unfractionated heparin. Which of the following laboratory tests would be most appropriate to guide therapy with this drug?

- A- Bleeding time
- B- Factor Xa levels
- C- Platelet count
- ☒ D- Prothrombin time (PT)
- E- Partial thromboplastin time (PTT)

8- A diagnosis of diabetes mellitus is being considered in 32-year-old woman who is 16 weeks pregnant. Her body mass index (BMI) was 22 kg/m². Which of the following is the most appropriate step in the management of this patient?

- A- Low calorie diet
- B- Glibenclamide therapy
- C- Metformin therapy
- D- Repeat her oral glucose tolerance test in four weeks
- ☒ E- Insulin therapy

9- A 26-year-old woman presents with episodes of dizziness mainly on standing. Her biochemical profile shows hyperkalaemic acidosis. Which underlying condition is she most likely to have?

- A. Cushing's syndrome
- B. Addison's disease
- C. Conn's syndrome
- ☒ D. Type 1 renal tubular acidosis
- E. Hypoglycaemia

10- A 16-year-old girl is noted to have persistent polyuria in excess of 4 litres per day whilst recovering from a head injury in a road traffic accident. Which one of the following is the most effective method of confirming the diagnosis?

- A. Autoantibodies to vasopressin neurones
- ☒ B. MRI of the hypothalamus and pituitary
- C. Therapeutic trial of low dose DDAVP
- D. Water deprivation test

11- A 30-year-old man has noted puffiness around his eyes and swelling of his feet for the past 2 weeks. On physical examination his blood pressure is 155/95 mm Hg. Urine microscopic examination reveals oval fat bodies. Which of the following conditions is he most likely to have?

- A. Ascending pyelonephritis
- ☒ B. Nephritic syndrome
- C. Nephrotic syndrome
- D. Obstructive uropathy
- E. Renal infarction

12- A 20 year old man began to note persistent lower back pain and stiffness that diminishes with activity. When he became 30 he also developed hip and shoulder arthritis, and in his 40's he is bothered by decreased lumbar spine mobility. He has no other major medical problems. These findings are most typical for which of the following?

- ☒ A. Ankylosing spondylitis
- B. Calcium pyrophosphate dihydrate deposition disease
- C. Lyme disease
- D. Osteoarthritis
- E. Rheumatoid arthritis

13- A previously well 62 year old hypertensive patient presents with pain, redness and swelling in the right knee which started 12 hours ago. What investigation is most important in identifying the cause of this patient's knee symptoms?

- A- ESR
- B- HLA status
- ☒ C- Joint aspiration for microscopy and culture
- D- Radiology
- ☒ E- Serology

14) All are true in acute renal failure (ARF) except

- A. $\uparrow$ Urea
- B. $\uparrow$ H^+ concentration
- ☒ C. $\uparrow$ Ca^{++}
- D. $\uparrow$ K^+
- ☒ E. $\downarrow$ Na^+

15- In acute kidney damage the most important factor for better prognosis is :

- A. Fluid restriction.
- ☒ B. Early detection.
- C. Restrict protein in diet.
- D. Early dialysis.
- E. Treatment of hyperkalemia.



Cairo University

June 2012



Faculty of Medicine

Time allowed 15 minutes.

Exam Model A

6th Year Andrology Exam

15 Multiple-choice questions should be answered, only one choice is correct, wrong answer =0, correct answer=1 mark. **Mark exam model before answering**

- 1) Which of the following describes the characteristic lesions of genital herpes:
 - a) Multiple grouped vesicles
 - b) Multiple erythematous plaques
 - c) Multiple indurated papules
 - d) Large granulomatous mass
 - e) A single painless ulcer
- 2) The following are therapeutic options for azoospermic males except:
 - a) Vasovasostomy
 - b) IUI
 - c) Gonadotropin therapy
 - d) TESE-ICSI
 - e) Epididymovasostomy
- 3) The following investigations might help in the diagnosis of erectile dysfunction except:
 - a) NPT monitoring
 - b) Scrotal ultrasound
 - c) Intracavernous injection test
 - d) Duplex test
 - e) Hormonal test
- 4) Regarding testicular torsion the appropriate time for the start of intervention should be:
 - a) From 12 to 24 hours
 - b) From 48 to 72 hours
 - c) From 24 to 48 hours
 - d) Within 1 hour (once detected)
 - e) Within 1 week
- 5) Psychogenic erectile dysfunction may be characterized by all the following except:
 - a) Affects young age group more than old group
 - b) Presence of morning erection
 - c) Intermittent course
 - d) Usually associated with premature ejaculation
 - e) Sudden onset
- 6) The term "aspermia" stands for:
 - a) Total absence of sperms
 - b) Total absence of semen
 - c) Absence of sperm head
 - d) Absence of sperm tail
 - e) Non of the above
- 7) Which of the following is the drug of first choice for non-gonococcal urethritis:
 - a) Sulphamethoxazole-trimethoprim
 - b) Ceftriaxone
 - c) Ciprofloxacin
 - d) Amoxicillin-clavulenate
 - e) Doxycycline

- 8) The father of 14 years old male was worried about his son having no facial hair, so he sought medical advice and after the examination by his doctor, he assured the father that everything will be fine. The most important sign noticed by the doctor is:
- Testicular size was enlarged
 - Voice was low pitch
 - Height of the son was appropriate for his age
 - Scanty hair started to grow over the lip
 - Axillary hair was present
- 9) The following mechanisms can be used for the management of ischemic priapism Except:
- Intracorporeal injection of Atropine
 - Shunt operations
 - Aspiration of cavernous blood
 - Intracorporeal injection of Ephedrine
 - Aspiration and irrigation with saline
- 10) Methods of transmission of HIV include all the following except
- Unprotected coitus
 - Mosquito bite
 - Organ transplantation
 - Accidental needle stick injury during surgery on HIV positive patient
 - Kissing
- 11) Testicular causes of infertility include the following except:
- Antihypertensive drugs
 - Cryptorchidism
 - Radiation
 - Klinefelter syndrome
 - Sertoli cell only syndrome
- 12) Case: A single 24-year-old male complaining occasional urethral discharge that may follow urination, defecation and sometimes on straining. The patient denies any sexual relation. Urethral swab for gram stain and culture for *N. gonorrhoeae* were negative. The most probable cause is:
- Prostetitis due to sexual excitation
 - Physiological prostaticorrhea
 - Herpes proiesitalis
 - Premature ejaculation
 - Chlamydia urethritis
- 13) The differential diagnosis of ulcer on the genital area includes all the following except:
- Lymphogranuloma venereum
 - Condyloma acuminata
 - Drug eruption
 - Scabies
 - Herpes simplex
- 14) Gonorrhea in adult women may be complicated by any of the following except:
- Salpingitis
 - Vaginitis
 - Cystitis
 - Skenitis
 - Bartholinitis
- 15) The excitation phase of the female sex response cycle includes all of the following except:
- Rhythmic contraction of the pelvic floor and perineal muscles
 - Vaginal transudation
 - Increase in the heart rate
 - Nipple erection
 - Clitoral congestion



Faculty of Medicine

Cairo University



28- November 2012

Time allowed : 2 1/2 hours

Sixth year Internal Medicine Exam (MBBch) Paper I

ALL QUESTIONS ARE TO BE ANSWERED Exam is 2papers

Question (1)

- A- Describe how would you investigate a case of hypertension in a 33 years old patient discovered accidentally? (10 marks)
- B- Outline treatment of: (one drug dose is required)
- i- Regular supraventricular tachycardia(5 marks)
 - ii- Subacute Bacterial endocarditis. (5 marks)

Question (2)

- A- Describe when would you suspect (risk factors and presentations) pulmonary embolization? (10 marks)
- B- Outline investigations you would like to order (and expected findings) in a case of:
- i- Suspicious of pulmonary tuberculosis. (5 marks)
 - ii- Pleural effusion. (5 marks)

Question (3)

- A- Describe how would you approach a case of coma? (10 marks)
- B- Mention :
- i- 5 criteria for brain death. (5 marks)
 - ii- 5 causes for paraplegia with a level. (5 marks)

Question (4)

- A- Mention :
- i- Definition of diarrhea and constipation. (5 marks)
 - ii- 5 complications for severe vomiting in old age. (5 marks)
- B- Outline treatment of:
- i- Spontaneous bacterial peritonitis. (5 marks)
 - ii- Acute viral hepatitis. (5 marks)

Question (5)

A- Mention 5 causes for:

- i- Neutropenia (2.5 marks)
- ii- Iron deficiency anaemia (2.5 marks)

B. For a case of idiopathic thrombocytopenic purpura when should you treat and what are the lines of treatment? (5 marks)

Question (6)

A- Mention 5 causes for :

- i- Hypoglycaemia. (2.5 marks)
- ii- Stunted growth. (2.5 marks)

B- Describe clinical picture and investigations for myxedema? (5 marks)

Question (7)

A- Mention :

- i- 5 causes for Knee Pain (2.5 marks)
- ii- 5 criteria of the American College of Rheumatology for diagnosis of systemic lupus erythematosus. (2.5 marks)

B- Outline treatment of rheumatoid arthritis? (5 marks)

Question (8)

A- Mention:

- i- 3 mechanisms for Acute Kidney Injury and give 2 examples for each? (2.5 marks)
- ii- 5 indications for dialysis in acute kidney injury? (2.5 marks)

B- Describe the different presentations of chronic renal failure? (5 marks)

Question (9)

A. What is the treatment of : (Dose of one drug is required)

- i- Acute Brucellosis. (2.5 marks)
- ii- Acute bacillary dysentery (2.5 marks)

B. What are the diagnostic tools for a case suspicious of typhoid fever and the significance of each? (5 marks)

Faculty of Medicine.

Department of Psychiatry

Sixth year. Final Psychiatry exam

November 2012

Answer two questions out of three: (10 marks each)

1. a. Differentiate between Alzheimer's and vascular dementia (5 marks).
b. Define Delirium and enumerate its common causes. (5 marks)
2. a. List the indications and side effects of Lithium (5 marks)
b. Define the terms "Tolerance" and "Dependence" of substances of abuse (5 marks)
3. a. Enumerate the most common psychiatric emergencies (5 marks)
b. Describe the clinical picture of a panic attack (5 marks)



Faculty of Medicine

Cairo University



1st - December 2012

Time allowed : 2 1/2 hours

Sixth year Internal Medicine (MBBch) Paper II

ALL QUESTIONS ARE TO BE ANSWERED (120 marks) Exam is 2 pages

A 55-year-old woman known to be diabetic, hypercholesterolemic and hypertensive, presents to the emergency department because of chest pain. The pain, which has lasted 3 hours, is substernal and dull in nature, with no relation to respiration or position. Physical examination: Temp: 37.5 C Respiratory rate: 22/min Pulse: 110 bpm, BP: 210/100 mm/Hg. Accentuated A2 over the aortic area and S4 over the apex. Abdomen: normal. The rest of the examination was not remarkable. Upper and lower limb pulsations are bilaterally felt and equal. Random blood glucose 230 mg/dl.

- A- What is the most likely diagnosis? (2 marks)
B- What are the investigations you would like to order in emergency and what do you expect in each? (3 marks)
C- What is the short and long term management of this patient? (10 marks)

A 56-year-old man presents with a 10-month history of increasing dyspnea on exertion and occasional dry cough. He has been smoking half a pack of cigarettes daily for 40 years and has a history of rheumatoid arthritis. Chest examination reveals mild hyperresonance in all lung fields and diminished breath sounds. Lung volume measurements show increased total lung capacity (TLC) and residual volume (RV), with an elevated RV:TLC ratio.

- A- What is the most likely diagnosis? (2 marks)
B- What complications is this patient prone to? (3 marks)
C- What investigations you would like to do? (3 marks)
D- What is the treatment you would like to give to this patient? (7 marks)

A 60-year-old man is admitted to the emergency department with hematemesis. His pulse is 110/min, blood pressure is 100/60 mm Hg, and respiration is 19/min. He has multiple spider angiomas on his back and chest, with bilateral gynecomastia. Abdominal examination is significant for hepatosplenomegaly, and a fluid level is easily detectable.

- A- What is the most probable cause for haematemesis in this patient? (2 marks)
B- What other causes may lead to haematemesis in this patient? (3 marks)
C- What are the complications he is prone to? (3 marks)
D- What are the urgent measures you would like to do? (4 marks)
E- What are the long term measures you would like to do? (3 marks)

A 71-year-old man is brought to the emergency department with acute onset of headache, vomiting, and confusion. The family reports that he has a long history of poorly controlled hypertension. They report that, a few hours ago, he rapidly developed a very severe headache, and over the next half hour, became more lethargic and confused, and had five episodes of vomiting. His blood pressure is 235/140 mm Hg in both arms, and he appears to have a lateral gaze paralysis on the right. There is no nuchal rigidity, and the pupils appear reactive bilaterally; however, papilledema is evident on funduscopic exam.

A- What is the most likely diagnosis? (2 marks)

B- What is the most important investigation you would order in the emergency and what do you expect in it? (2 marks)

C- What is the urgent therapy you would like to administer? (Doses are required) (6 marks)

D- What is the long term treatment? (5 marks)

A 22-year-old woman is seen by a physician because she feels fatigue. Physical examination demonstrates waxy pallor of her skin and mucous membranes. She also has multiple purpura on her extremities that she attributes to minor trauma, such as hitting her hand accidentally on a drawer. Blood studies are performed, demonstrating a red cell count of 1.5 million/dL, white count of 1300/dL (80% lymphocytes), and platelet count of 40,000/dL. Reticulocytes are absent. All blood cells seen have normal morphology.

A- What is the most probable diagnosis? (2 marks)

B- What are the causes of such a condition? (5 marks)

C- What are the investigations you would order to this patient? (3 marks)

D- What are the lines of treatment? (5 marks)

A 40-year-old man presents with the acute onset of severe pain in his left great toe for the past 24 hours. He denies trauma, fever, chills, or changes in appetite. Examination shows his blood pressure is 120/80 mm Hg, pulse is 80/mm, and respirations are 18/mm. The left great toe is red, swollen, and tender to touch, with no fluctuation. No other joint affection.

A- What is the most probable diagnosis? 2 marks

B- What investigations you would like to order? What do you expect in each? 3 marks

C- What is your treatment for the acute attack? 5 marks

D- What are the measures you recommend to avoid further attacks? 5 marks

An otherwise healthy 60-year-old man presented with bony aches. Physical examination and medical history are unremarkable. A blood chemistry panel is normal except for a serum calcium level of 12 mg/dL. Serum phosphorus is 2.5 mg/dL, and alkaline phosphatase is 50 U/L.

A- What is the most probable diagnosis? 2 marks

B- What are the investigations you need to prove the diagnosis? 5 marks

C- What are the complications this patient prone to? 5 marks

D- What are the lines of treatment? 3 marks

A female patient 50 years old, known to have long standing hypertension on irregular treatment, presented with generalized fatigue, nausea with occasional vomiting and itching over the last 6 months. On examination, her BP was 170/110, she was found to be pale with some scratch marks over the LL. Her skin was dry and cardiac examination revealed a systolic murmur. Investigations showed serum Creatinine 9mg/dl, BUN 100, serum Na 135mEq/L, K 3.8mEq/L, Ca 7.5 mg/dl, P 6.5mg/dl, Hb 8gm/dl, WBC $4.7 \times 10^3/\text{mm}^3$, Plt $190 \times 10^3/\text{mm}^3$.

A- What is the most likely diagnosis? 2 marks

B- What further investigations would you like to perform? 4 marks

C- What are the causes of this condition? 4 marks

D- Discuss treatment strategies for this patient? 5 marks



Paper III 6th year Internal Medicine MBBCh

- 1- ALL QUESTIONS are to be answered in the answer sheet.
- 2- ONLY ONE answer is to be marked

SECTION (I)

1hr 50 min 2 marks each

1. A 55-year-old woman with chronic renal failure on dialysis comes to medical attention because of chest pain for 12 hours. The pain is substernal and continuous. Her vital signs are normal. Auscultation of heart and chest reveals a rubbing sound in the precordial region and slightly distant but normal heart sounds. Lungs are clear to auscultation. ECG shows nonspecific ST changes. What is the most probable diagnosis?
 - A. Pericarditis.
 - B. Myocardial Infarction.
 - C. Costochondritis.
 - D. Dissecting Aortic Aneurysm.
 - E. Pleurisy.
2. A 52-year-old man. He had a myocardial infarction (MI) 6 months ago. His post-MI course has been uncomplicated. His medications include one aspirin tablet every other day. Which of the following is the most appropriate next step in management to prevent significant morbidity and mortality?
 - A. Add low molecular weight heparin.
 - ~~B. Add a beta blocker~~
 - C. Add Digoxin
 - D. Increase the aspirin to one tablet three times daily
 - E. Prescribe nitroglycerin for angina
3. A 56-year-old woman with a long history of untreated hypertension is brought to the emergency department because of severe headache and confusion. Her blood pressure is 230/140 mm Hg, pulse is 86/min, and respirations are 18/min. Funduscopic examination reveals optic disk edema, and a dipstick test shows protein in the urine. Which of the following is the most appropriate pharmacotherapy?
 - A. Clonidine
 - B. Atenolol
 - C. Furosemide
 - D. Hydralazine
 - ~~E. Sodium nitroprusside~~
4. A 52-year-old man comes to the physician because of episodic chest pain that manifests as a sensation of precordial tightness, occurs after physical exertion, and is relieved promptly by rest. His physical examination showed no abnormality. An ECG recorded at rest is normal. Which of the following is the most appropriate next step in diagnosis?
 - A. Ambulatory ECG monitoring
 - B. Echocardiography
 - ~~C. Exercise ECG~~
 - D. Myocardial perfusion scintigraphy
 - E. Coronary arteriography

- 5- A 54-year-old man presents to the emergency department complaining of epigastric discomfort, which began while he was exercising after dinner about one-half hour earlier. On examination, he is in obvious discomfort and seems restless. His BP is 160/98 mmHg, and his examination is otherwise unremarkable. His ECG showed elevated S-T segment in leads II, III and AVF. Which of the following is the most appropriate next step in management?
- A. Trial of antacid immediately
 - B. Reassurance and arrange outpatient follow-up
 - C. Non steroidal anti-inflammatory drugs.
 - D. Thrombolytic therapy.
 - E. Arrange for urgent echocardiogram
- 6- A 59-year-old lady presented to ER with a 30 minute history of heavy central chest pain associated with nausea and sweating. Her ECG and cardiac enzymes are normal. What is the appropriate next step?
- A. Reassurance and discharge home.
 - B. Upper Endoscopy.
 - C. Abdominal Ultrasonography.
 - D. Repeat ECG and enzymes after 1 hour.
 - E. Thrombolytic therapy.
- 7- A 74-year-old man suddenly became breathless 1 hour ago. He was well until 5 days ago, when he drove from Aswan to Cairo. On examination, his temperature is 37.2 °C blood pressure is 110/70 mm Hg, pulse is 110/min, and respirations are 32/min. His heart, lungs, and abdomen are normal, and there are no focal motor or sensory deficits. An ECG shows sinus tachycardia. Which of the following is the most likely diagnosis?
- A. Acute cerebral hemorrhage
 - B. Pulmonary thromboembolism
 - C. Myocardial infarction
 - D. Pericarditis.
 - E. Acute cerebral infarction
- 8- A 49-year-old man develops severe shortness of breath 15 minutes after car accident. His blood pressure is 100/60 mm Hg, pulse is 124/min, and respirations are 50/min. He is cyanotic and in obvious distress. His neck veins are distended, and his trachea deviates to the left. Breath sounds are diminished on the right side of his chest. Which of the following is the most appropriate next step in management?
- A. Needle thoracostomy in the second right intercostal space
 - B. Tube thoracostomy in the left fifth intercostal space
 - C. Chest x-ray
 - D. Endotracheal intubation
 - E. Mechanical ventilation
- 9- A solitary nodule is detected on a chest x-ray film in an otherwise healthy 55-year-old man. The patient has been smoking 10 cigarettes daily for 20 years. The nodule is located in the right middle lobe and measures approximately 3 cm. Previous chest x-ray films are not available for comparison. CT scan reveals a solitary lung nodule with an irregular contour. No other pulmonary lesions are found. Physical examination and routine laboratory tests are normal. Which of the following is the most likely diagnosis?

- A. Aspergilloma
- B. Pulmonary abscess
- C. Secondary (reactivated) tuberculosis
- ~~D. Bronchogenic carcinoma~~
- E. Hamartoma

10- A 65-year-old woman presented with increasing fatigue, dyspnoea and dry cough. Her chest X-ray shows an area of dense pneumonia-like consolidation in the right lower lobe. A course of antibiotic did not improve her symptoms or chest X-ray. What is the most appropriate next step?

- ~~A. Sputum culture and sensitivity.~~
- B. Pulmonary function tests.
- C. Bronchoscopy.
- D. Change to another antibiotic.
- E. Heparin

11- A 40-year-old male, presents with a long history of productive cough and breathlessness. He had complained of bad smell and exacerbations of productive sputum. Examination revealed bilateral inspiratory crackles over both lung base. Which of the following treatments is likely to decrease the frequency of his exacerbations?

- ~~A. Cyclic antibiotic therapy~~
- B. Inhaled corticosteroids
- C. Nebulised bronchodilators
- D. Surgical resection
- E. Postural drainage

12- A 65-year-old woman used to smoke 50 cigarettes a day for 40 years. She had increasing dyspnoea for several years, but no cough. Chest X-ray shows signs consistent with emphysema. Over the next several years she developed worsening peripheral oedema. Her vital signs show T 36.7 C, P 80/min, RR 15/min, and BP 120/80 mm Hg. Which of the following cardiac findings is most likely to be present?

- A. Mitral valve stenosis
- B. Constrictive pericarditis
- ~~C. Right ventricular hypertrophy~~
- D. Left ventricular aneurysm
- E. Non-bacterial thrombotic endocarditis

13- A 39-year-old male presents with acute onset weakness of his legs associated with urinary retention. Examination revealed a flaccid paraparesis of the legs with absent tendon reflexes and plantar responses. All sensations were absent to T12 level. What is the most likely diagnosis?

- A. Anterior spinal artery occlusion
- ~~B. Intramedullary spinal cord metastasis~~
- C. Spinal cord compression due to vertebral metastasis
- D. T11/12 central disc prolapse
- E. Transverse myelitis.

- 14- A 29-year-old female presents with drooping of the left side of her face and an inability to close her left eye. She had a viral illness in the preceding week. On examination, there is a left facial nerve palsy. The remaining cranial nerves are normal. Power, tone and reflexes are normal in the limbs. What is the best course of treatment?
- A. Intravenous immunoglobulin
 - B. Plasmapheresis
 - C. Oral augmentin
 - ~~D. Oral steroids and oral acyclovir~~
 - E. Intravenous augmentin.
- 15- 70 year-old man is admitted with an acute stroke. Examination revealed a left Horner's syndrome, loss of corneal reflex on the left together with loss of pinprick sensation on the left face. His left gag reflex was also decreased. He had left limb ataxia with right hemi-sensory loss of pain and temperature sensation. Which one of the following arterial territories has been affected?
- A. Basilar
 - B. Left posterior communicating
 - C. Left posterior inferior cerebellar
 - ~~D. Right posterior inferior cerebellar~~
 - E. Right superior cerebellar
- 16- A 36 year-old man has a 3 month history of pain in both lower limbs. He was diagnosed as having diabetes at age 14 and treated with insulin. On examination he has impaired pain and temperature sensation in feet and lower legs, impaired joint position and vibration sense. There is bilateral wasting but no marked weakness.
- A. Metastasis at D12.
 - B. Multiple Sclerosis..
 - ~~C. Diabetic polyneuropathy.~~
 - D. Syringomyelia.
 - E. Vitamin B 12 deficiency
- 17- A 16 year-old male presents with a five year history of absence, seizures with three recent generalized convulsions. Which one of the following drugs, given as monotherapy, is most likely to control his fits?
- ~~A. Diazepam~~
 - B. Haloperidol
 - C. Gabapentin
 - D. Sodium Valproate
 - E. Barbiturates.
- 18- A 33-year-old woman complains of diplopia in the early evening every day for the past month, which resolves following sleep. She also complains of jaw weakness after eating large meals. She has no significant past medical history. Physical examination is normal. Which of the following is the most likely diagnosis?
- A. Botulism
 - B. Eaton-Lambert syndrome
 - C. Guillian-Barré syndrome
 - D. Multiple sclerosis
 - E. Myasthenia gravis

- 19- A 52-year-old man presents with a one month history of lower left abdominal pain, 3 kilogram weight loss, loose stools 2 times per day and positive faecal occult blood. What is the most appropriate investigation?
- A. Anti-endomysial antibody;
 - B. Colonoscopy.
 - C. CT scan of abdomen.
 - D. Distal duodenal biopsy.
 - E. Small bowel enema.
- 20- A 55-year-old woman presented with history of on and off dysphagia over many years. Recently there had been episodes of ill-defined central chest discomfort and nocturnal cough. What is the most likely diagnosis?
- A. Motor neurone disease(MND)
 - B. Oesophageal carcinoma
 - C. Pharyngeal pouch
 - D. Achalasia
 - E. Barret's oesophagus
- 21- A 55-year-old man presents to a physician with complaints of fatigue and weakness. Colonoscopy demonstrates a large fungating mass of the caecum. Prior to surgery, measurement of serum levels of which of the following substances would provide a baseline to follow-up recurrent cancer later in life?
- A. Alpha fetoprotein (AFP)
 - B. Carcinoembryonic antigen (CEA)
 - C. Human chorionic gonadotropin (HCG)
 - D. Prostate-specific antigen (PSA)
 - E. Thyroid-stimulating hormone (TSH)
- 22- A 29-year-old man presents with anaemia, diarrhea and abdominal pain. Examination reveals a palpable mass in the right lower quadrant and anal fistula. What is the most likely underlying condition?
- A. Chronic pancreatitis
 - B. Celiac disease
 - C. Crohn's disease
 - D. Intestinal lymphoma
 - E. Ulcerative colitis
- 23- A 35-year-old woman with liver cirrhosis is admitted with deteriorating encephalopathy and abdominal discomfort. An ascitic tap revealed a polymorphnuclear cell count of 350 cells per mm^3 . Which of the following most appropriate therapy?
- A. Intravenous metronidazole
 - B. Oral neomycin
 - C. Oral norfloxacin
 - D. Oral amoxicillin
 - E. Intravenous cefotaxime
- 24- A physician developed acute hepatitis C on doing liver biopsy.. What is the chance of developing chronic hepatitis C infection?

- A. 10%
- B. 20%
- C. 45%
- D. 75%
- E. 98%

25. A surgeon performing a cholecystectomy to a patient known to have chronic hepatitis B, sustains an accidental needle stick during the procedure. The surgeon's baseline laboratory studies include serology: HBsAg negative, anti-HBsAb positive, anti-HBc IgG negative. What postexposure prophylaxis should the surgeon receive?

- A. Hepatitis B immunoglobulin (HBIG)
- B. Oral lamivudine
- C. Intravenous immunoglobulin (IVIG)
- D. Reassurance
- E. Prophylaxis interferon

26. A 55-year-old man known to have liver cirrhosis is brought to the emergency department due to screaming and hallucinations. He is jaundiced, and confused. Vital signs are stable and within normal limits. Abdominal examination shows ascites and marked nodularity of the liver edge. Neurologic examination is notable for asterixis. The bowels are cleared with an enema. Which of the following is the most appropriate pharmacotherapy?

- A. Ampicillin, oral
- B. Benzathine penicillin, intramuscular
- C. Ceftriaxone, oral
- D. Neomycin, oral
- E. Penicillin G iv

27. A 23-year-old man presents with recurrent nose-bleeds and infection after a course of chemotherapy. What is the most probable cause?

- A. Autoimmune haemolytic anaemia
- B. Spherocytosis
- C. Pyruvate kinase
- ☒ D. Aplastic anaemia
- E. Thalassaemia minor

28. A 50-year-old man comes to the physician because of gingival bleeding, epistaxis, and fever for 2 days. He appears acutely ill. Blood tests show $16,000$ leukocytes/ mm^3 with numerous myeloid blasts. Platelet count is $15,000/\text{mm}^3$. A bone marrow biopsy demonstrates hypercellular marrow, with 35% blasts. Which of the following is the most likely diagnosis?

- A. Acute lymphocytic leukemia (ALL).
- ☒ B. Acute myelogenous leukemia (AML).
- C. Chronic myelogenous leukemia (CML).
- D. Leukemoid reaction.
- E. Myelodysplastic.

29. A 38-year-old man is admitted to the hospital after sustaining a pulmonary embolism. He was started on IV unfractionated heparin. Which of the following laboratory tests would be most appropriate to guide therapy with this drug?

- A. Bleeding time
- B. Factor X level
- C. Platelet count
- D. Prothrombin time (PT)
- ~~E. Partial thromboplastin time (PTT)~~

30- A 17-year-old male with glucose-6-phosphate dehydrogenase deficiency presents with severe pain in the right upper abdomen. He is noticed to be jaundiced. What is the most probable cause for this presentation?

- ~~A. Haemolytic Crises.~~
- B. Sickle cell anaemia.
- C. Acute pancreatitis.
- D. Calcular obstructive jaundice.
- E. Acute duodenal ulcer.

31- A 58-year-old man with a 12-year history of type 2 diabetes mellitus comes to the physician because of an ulcer on metatarsal head, surrounded by an area of black gangrenous skin. The patient is free apart of peripheral neuropathy. Which of the following measures would have been most effective in preventing this complication?

- ~~A. Appropriate instructions on self-care of the feet~~
- B. Local Antibiotics.
- C. Neurophysiologic and electromyographic studies
- D. Local application of platelet-derived growth factor
- E. Prophylactic treatment with cholesterol-lowering agents

~~32-~~ A 60 years old obese patient on routine checkup found his fasting blood sugar was 180 mg/dl and 2 hrs post prandial was 277 mg/dl. The best treatment is:

- A. Loss of weight only.
- B. Loss of weight and sulphonylurea
- C. Loss of weight and metformin.
- D. Loss of weight and insulin
- E. Biguanides

33- A 25-year-old man was accidentally found to be hypertensive. Investigations revealed: serum Na: 145 mEq/L (N: 137-144), Serum K : 2.5 mEq/L (N:3.5-4.9) Which one of the following is the most likely diagnosis?

- A. Coarctation of the aorta
- ~~B. Addison's disease~~
- C. Conn's Syndrome
- ~~D. Pheochromocytoma~~
- E. Renal artery stenosis.

34- A 40 year-old woman presented with features suggestive of Cushing's syndrome. Which of the following would be the most useful initial investigation?

- A. 24 hour urinary free cortisol concentration
- ~~B. Combined 9am ACTH concentration and serum cortisol concentration~~
- C. MRI of the adrenal glands
- D. Serum sodium and potassium concentrations
- E. High dose dexamethasone suppression test

35- A 54-year-old woman presents with swollen painful hands and feet, which are stiffer in the mornings. On examination there are signs of ulnar deviation and subluxation at the metacarpophalangeal (MCP) joints. What is the most probable diagnosis?

- A. Psoriatic arthritis
- B. Reiter's syndrome
- C. Discoid lupus erythematosus
- D. Sjögren's syndrome
- ~~E. Rheumatoid arthritis~~

36- A 68-year-old female presents with bilaterally painful knees. There was no history of gastrointestinal diseases. On examination she had crepitus but had a full range of movement of both knees. Which one of the following is the most appropriate initial treatment for her painful knees?

- A. Dihydrocodeine
- B. Salazopyrine
- ~~C. Paracetamol~~
- D. Methotrexate
- E. Topical Diclofenac

37- A 17-year-old girl is treated for ulcerative colitis for 6 months with prednisone 20 mg/day and salazopyrine 2 gm/day. She presents with a short history of marked, right hip pain and associated limping. What is the most likely diagnosis?

- A. Gout
- B. Osteoarthritis
- C. Pseudogout
- ~~D. Avascular necrosis of the head of the femur.~~
- E. Septic arthritis

38- A 15-year-old boy presented with severe generalized oedema. Investigations showed: serum albumin 2 gm/dl, 24 hour urinary protein excretion of 7.5 gm and renal biopsy was normal on light microscopy and immunofluorescence. What is the most likely diagnosis?

- A. Focal segmental glomerulosclerosis
- B. Membranous nephropathy
- ~~C. Minimal change disease~~
- D. Myeloma
- E. Renal vein thrombosis

39- A 21-year-old female known to suffer of systemic lupus erythematosus on routine follow up investigations revealed: Creatinine 1.1 mg %, 24 hour urinary protein excretion of 1.5 gm and renal biopsy of membranous nephropathy. What is the most appropriate next treatment?

SLE

- A. ACE inhibitor for blood pressure control
- B. Cyclophosphamide
- C. NSAIDs for arthralgia
- D. Prednisolone for immunosuppression
- E. Warfarin anticoagulation

40- A 45-year-old lady has established end stage renal failure on haemodialysis . She presents with fatigue and investigations showed marked normocytic normochromic anaemia. Which of the following is the best management for this lady?

- A. Increase dialysis hours
- B. Give iv iron .
- C. Give folic acid plus oral iron.
- D. Give weekly vitamin B12
- ~~E. Treat anaemia with erythropoietin~~

41- A 50-year-old man with progressive renal failure over 4 years. He is on a dietary regimen of water and salt restriction. Blood studies show: Hematocrit 35% , Sodium 140 mEq/L, Potassium 5.0 mEq/L, Urea nitrogen 98 mg/dL, Creatinine 8.5 mg/dL. Which of the following is the most appropriate next step in management?

- A. Treatment with vitamin B12
- B. Administration of bicarbonate supplements
- C. Arterial blood gas analysis
- D. Treatment with recombinant erythropoietin
- ~~E. Initiation of dialysis~~

42- A 25-year-old lady was admitted with a 6 day history of fever, malaise, pharyngitis and generalized lymphadenopathy and a macular rash over the trunk and legs. Which of the following is the most likely diagnosis?

- A. Brucellosis
- B. Tuberculosis
- C. Familial Mediterranean Fever
- ~~D. Infectious Mononucleosis~~
- E. Actinomycosis

43- A 42-year-old lady is admitted with Haemophilus influenzae meningitis. What chemoprophylaxis should be offered to the nurses at her home?

- A. Azithromycin
- B. Ceftriaxone
- C. Ciprofloxacin
- D. No chemoprophylaxis required
- ~~E. Rifampicin~~

44- A 70-year-old man with a diet controlled type 2 diabetes mellitus presents with a one month-history of cough, and expectoration. He was a non-smoker. Investigation revealed a HbA1c of 7% (3.8-6.4) but his chest X-ray showed a cavitating left apical shadow. Which of the following investigations would be first done in establishing the cause of this lesion?

- A. Bronchoscopy
- B. Chest MRI
- C. Gastric aspirate for acid-fast bacilli
- D. Percutaneous lung biopsy
- ~~E. Sputum for acid-fast bacilli~~

45- A 32-year-old man on treatment for pulmonary TB with isoniazid and rifampicin presents with reduced sensation in a glove-and-stocking distribution. This would have been prevented if we have added which of the following to the treatment:

- A. Tegretol.
- B. Folic acid
- C. Vitamin B1 & B6.
- D. Ethambutol
- ~~E. Streptomycin~~

QUESTION 10

40 min 1 mark each

1. A 16-year-old male with heart failure requires drug therapy to treat congestive heart failure. The best treatment is:

- A. Digoxin
- B. Lasix
- C. Furosemide
- D. Amiodarone

2. Elevated JVP with a normal pulmonary artery pressure is:

- A. Pulmonary hypertension
- B. Systemic hypertension
- C. Atrial fibrillation
- D. Pericardial tamponade
- E. Isolated right bundle branch block

3. Pulmonary embolism occurs in:

- A. Chronic obstructive pulmonary disease
- B. Deep vein thrombosis
- C. Left side heart failure
- D. Acute myocardial infarction
- E. Pulmonary stenosis

4. Most investigations in acute aortic dissection are:

- A. ECG
- B. Chest X-ray (CXR) and blood tests
- C. Echocardiogram
- D. CT scan
- E. Transcatheter aortic valve replacement

5. The best drug of choice for a patient with a history of asthma who has heart failure is:

- A. Furosemide
- B. Digoxin
- C. ACE inhibitor
- D. Beta-blocker
- E. Aldosterone antagonist

6. The best treatment for a 65-year-old male with a history of heart failure who has a recent diagnosis of atrial fibrillation is:

- A. Furosemide
- B. Digoxin
- C. ACE inhibitor
- D. Beta-blocker
- E. Aldosterone antagonist



Paper III 6th year Internal Medicine MBBCh

- 1- ALL QUESTIONS are to be answered in the answer sheet.
- 2- ONLY ONE answer is to be marked

SECTION (II)

40 min 1 mark each

- 1- A 65-year-old man with heart failure requires rate control to treat coexisting atrial fibrillation. The best treatment is :
 - A. Lidocaine (lignocaine)
 - B. Quinidine
 - C. Isoptin
 - D. Digoxin
 - E. Amiodarone
- 2- Elevated JVP with absent pulsation occur in:
 - A. Tricuspid regurge.
 - B. Severe Mitral stenosis
 - C. Atrial Fibrillation
 - D. Pericardial Tamponade.
 - E. Junctional Rhythm
3. Pulsus paradoxus occur in :
 - A. Constrictive Pericarditis.
 - B. Bronchial asthma
 - C. Left side heart failure.
 - D. Acute myocardial infarction
 - E. Pulmonary Embolism
4. Best investigation to prove mitral stenosis is:
 - A. ECG
 - B. Chest X- ray (P-A and lateral view)
 - C. Echocardiogram
 - D. Cardiac Enzymes.
 - E. Thallium perfusion test.
5. The first line of treatment in a patient 60-year-old woman with a history of chronic heart failure presents with severe pulmonary oedema is :
 - A. Intravenous furosemide.
 - B. Intravenous isosorbide mononitrate
 - C. Digoxin
 - D. Mechanical Ventilation
 - E. Intravenous adenosine
6. The best treatment to add to a 17-year-old student who complains that he still has wheezes in spite of use salbutamol inhaler regularly is :

- A. Oral prednisolone
- B. Inhaled beclomethasone
- ✓ C. Inhaled ipratropium bromide
- D. Nebulized ipratropium bromide
- E. Inhaled sodium cromoglycate

7. Before giving anti-tuberculous treatment we should do:

- A. Culture and sensitivity test.
- B. Liver function tests.
- C. Kidney function tests.
- D. ECHO cardiography.
- E. Skin sensitivity test

8. Investigation of highest diagnostic efficacy in acute pulmonary thromboembolism is

- A. ECG
- B. Arterial blood gas estimation
- C. Spiral CT pulmonary angiography
- D. Tidal Capacity
- E. Echocardiography

9. Treatment of choice of gram negative community acquired pneumonia is:

- A. Aminoglycosides.
- B. Amoxicillin.
- C. Clarithromycin.
- D. Erythromycin.
- E. Cephalosporin

10. Which of the following is NOT a cause of chest pain:

- A. Pneumothorax.
- B. Rib fracture.
- C. Gastro-esophageal reflux.
- D. Teitz's Disease
- E. Respiratory failure

11. Sensory loss over medial one and half fingers is due to lesion in:

- A. Ulnar nerve
- B. Long thoracic nerve
- C. Median nerve.
- D. Radial nerve.
- E. T10

12. Inability to abduct eye on one side is due to which cranial nerve:

- A. IV lesion
- B. V lesion
- C. VI lesion
- D. VII lesion
- E. VIII lesion

13. Non-rhythmic jerky purposeless movements in the hands of 15 years girl with arthritis indicate:

- A. Parkinsonism.
- B. Liver cell failure.
- C. Chronic renal failure.
- D. Cerebellar ataxia.
- E. Chorea.

14. A 34-year-old woman falls to the ground after hearing bad news. This is due to:

- A. Postural hypotension
- B. Vasovagal syncope
- C. Carotid sinus syncope
- D. Stokes-Adams attack
- E. Vertebrobasilar ischaemia

15. A 75-year-old has ocular hallucinations. The site of the lesion is in:

- A. Frontal lobe
- B. Parietal lobe
- C. Temporal lobe
- D. Cerebellum.
- E. Occipital lobe

16. A 21-year-old student presents with a cramping diffuse abdominal pain associated with alternating constipation and diarrhea. Investigations are normal. The most probable cause of the pain is:

- A. Irritable bowel syndrome
- B. Umbilical hernia
- C. Carcinoma of sigmoid colon
- D. Acute appendicitis
- E. Perforated duodenal ulcer

17. A 65-year-old smoker presents with a history of rapid weight loss and gradually worsening dysphagia. The most probable cause is:

- A. Oesophageal achalasia
- B. Pharyngeal pouch
- C. Oesophageal carcinoma
- D. Obstructing foreign body
- E. Caustic stricture

18. A 28 year old nurse presents of long standing diarrhea. She noticed that number of motions increase markedly after drinking milk. The most probable cause is:

- A. Lactose intolerance
- B. Gastroenteritis
- C. Thyrotoxicosis
- D. Crohn's disease
- E. Coeliac disease

19. A 38 year old female known to have gall stones, developed fever, rigors, colics in right upper abdomen and jaundice. The most probable cause is:

- A. Acute cholecystitis.
- B. Acute pancreatitis.
- C. Acute calculi obstruction of common bile duct.

- D. Perforated gall bladder.
- E. Perforated peptic ulcer.

20. Best modality to detect minimal ascites is:

- A. Percussion in left lateral position.
- B. CT abdomen with contrast.
- C. Abdominal sonar.
- D. MRI for abdomen.
- E. Shifting dullness.

21. Acute abdomen may be caused by any of the following EXCEPT:

- A. Perforated duodenal ulcer
- B. Pancreatitis
- C. Diabetic ketoacidosis
- D. Gastric malignancy
- E. Pleurisy

22. Which of the following liver diseases cause clubbing?

- A. Haemochromatosis.
- B. Wilson disease.
- C. Alcoholic hepatitis.
- D. Primary biliary cirrhosis.
- E. Steatohepatitis.

23. Laboratory findings in polycythemia vera include all EXCEPT:

- A. An elevated hemoglobin level
- B. Decreased serum iron
- C. Increased hematocrit
- D. A platelet count $>400,000/\mu\text{L}$
- E. Bone marrow cellularity is increased

24. Reed-Sternberg cells is found in:

- A. Multiple myeloma
- B. Hodgkin's lymphoma
- C. Chronic lymphocytic leukaemia
- D. Chronic myeloid leukaemia
- E. Acute myeloid leukemia.

25. Eosinophilia is NOT found in:

- A. Ascaris infection
- B. Allergic rhinitis
- C. Asthma in young age
- D. Hodgkin lymphoma
- E. Cushing syndrome

26. Diagnosis of Cushing Syndrome is established by:

- A. High Dose Dexamethasone suppression test.
- B. Abdominal CT scan.
- C. 24 urinary cortisol secretion.

- D. Serum corticotrophin
- E. Hypercalcaemia.

27. A 58-year-old obese woman attends for annual check-up found her serum cholesterol 240 mg% (Normal : 80-180 mg%). Best treatment is:

- A. Fenofibrate
- B. No treatment required
- C. Omega-3 fatty acids
- ☒ D. Simvastatin
- E. Weight Loss.

28. A thyroid nodule 0.8 cm completely mobile was accidentally discovered in a completely clinically free 30 year old female. Which of the following is the most appropriate next step in diagnosis?

- A. MRI scan of the neck
- B. CT scan of the neck
- C. Radioactive iodine scan
- ☒ D. Fine needle aspiration
- E. Excision

29. A 30 year old systemic lupus patient present with butterfly skin rash and fatigue. Best treatment is:

- ☒ A. Oral corticosteroids.
- B. IV corticosteroids.
- C. Chloroquine.
- D. Non-steroidal anti-inflammatory drugs.
- E. Azathioprine.

30. Which of the following antibodies when found in this patient is most specific for Systemic Lupus Erythematosus?

- A. ANA
- B. Anti-Ro
- ☒ C. Anti-double stranded DNA
- D. C-ANCA
- E. Rheumatoid factor

31. What is the best investigation to diagnose the cause of chronic renal failure in a 60 year old patient with shrunken kidney on ultrasound?

- A. Intravenous urogram (IVU)
- B. Isotope renogram
- ☒ C. Renal angiogram
- D. Renal biopsy
- E. Retrograde pyelogram

32. Which of the following is NOT a cause of chronic renal failure :

- A. Systemic Lupus Erythematosus.
- B. Diabetes mellitus
- ☒ C. Obstructive uropathy

- D. Analgesic abuse
- E. Acute pneumonia

33. On travelling to malaria endemic area prophylaxis is taken in the form of:

- A. Chloroquine 500 mg weekly one week before and 4 weeks after exposure.
- B. Chloroquine 500 mg daily one week before and 8 weeks after exposure.
- C. Chloroquine 500 mg weekly on exposure.
- D. Chloroquine 500 mg weekly two weeks before and 2 weeks after exposure
- E. Chloroquine 500 mg daily one week before and 4 weeks after exposure

34. Characteristic of blood picture in infectious mononucleosis is:

- A. Hypochromic Microcytic anaemia.
- B. Macrocytic anaemia.
- C. Lymphocytosis
- D. Eosinophilia.
- E. Heinz bodies.

35. In prevention of hepatitis A:

- A. Hyperimmune globulins should be given within 8 hours of exposure.
- B. Isolation of the patient for 2 days after jaundice.
- C. Sanitary practices such as handwashing, is very important.
- D. Isolation of the patient until enzymes fall to normal.
- E. Avoid droplet cross infection.

36. In informed consent, doctors must do the following EXCEPT:

- A. Explain the need for a particular intervention.
- B. Describe the procedures to be followed.
- C. Provide alternative plans for treatment.
- ✓ D. Support only one option and direct the choice of the patient towards it.
- E. Include a statement indicating that the study involves research if it is so

37. Reporting to authorities is breaking confidentiality in the following condition :

- A. Suicidal tendency.
- B. Child abuse.
- C. Violence.
- D. Disclosure by telephone or fax or on the internet.
- ✓ E. Written consent from the patient or his guardian.

38. The following should be considered in prescribing drugs in old age EXCEPT:

- A. Drug absorption.
- B. Body Composition.
- C. Hepatic clearance.
- D. Renal clearance.
- E. Financial condition.

39. Important characteristic of old age is:

- A. There are no specific diseases for this age.
- B. Signs and symptoms may offer limited help in diagnosis.
- C. Single pathology should be diagnosed.

- D. The aged patient early realize the importance of the disease.
- E. The aged individual easily identify abnormal symptoms.

40- The mode of inheritance of Thalassemia is:

- A. Autosomal Dominant.
- B. Autosomal Recessive.
- C. X- linked dominant disorder.
- D. X- linked Recessive disorder.

Final Examination Internal Medicine (Paper III)
Clinical and Chemical Pathology

Choose Only ONE Correct Answer:

41. Leucocyte alkaline phosphatase (LAP) score is high in all EXCEPT:

- a. Chronic myeloid leukemia
- b. Polycythemia vera
- c. After steroid administration
- d. Myelosclerosis
- e. Leukemoid reaction

42. G6PD assay may be false normal in:

- a. Iron deficiency anemia
- b. Hypoplastic anemia
- c. Hairy cell leukemia
- d. Shortly after hemolysis
- e. Hereditary spherocytosis

43. Most sensitive and specific test for diagnosis of iron deficiency anemia is:

- a. Serum ferritin level
- b. Percentage of transferrin saturation
- c. Serum transferrin receptor saturation
- d. Serum iron level
- e. Total iron binding capacity

44. Hematocrite is the :

- a. Amount of hemoglobin in each red cell
- b. Volume of one red cell
- c. Packed volume of the total red cells
- d. Hemoglobin concentration in the red cells
- e. Amount of hemoglobin in one million red cells

45. Leukoerythroblastic reaction means:

- a. Presence of immature myeloid and erythroid cells in the peripheral blood
- b. Presence of immature myeloid and erythroid cells in bone marrow
- c. Presence of blasts in peripheral blood
- d. Presence of blasts in the bone marrow
- e. Presence of non-hematological cells in the peripheral blood

46. In adults, the normal range for mean corpuscular hemoglobin (MCH) is:

- a. 22-32 pg
- b. 27-37 pg
- c. 27-32 pg
- d. 29-42 pg
- e. 27-39 fl

47. International normalized ratio (INR) is the best monitor for:

- a. Intravenous anticoagulant therapy
- b. Oral anticoagulant therapy
- c. Platelet replacement therapy
- d. Intravenous immunoglobulin therapy
- e. Aspirin therapy

48. Which of the following findings is expected in cases of liver cirrhosis:

- a. Prolongation of prothrombin time
- b. Low serum albumin
- c. AST/ALT ratio is more than 1
- d. Disturbed lipid profile
- e. all of the above

49. All of the following statements are true about impaired glucose tolerance EXCEPT:

- a. An oral glucose tolerance test (OGTT) is required to assign a patient to this class
- b. fasting plasma glucose level is ≥ 126 mg/dl
- c. 2-hour postprandial plasma glucose level is $\geq 140 \leq 200$ mg/dl
- d. Patients may revert to normal glucose tolerance or develop overt DM
- e. Microvascular disease is rare, but there is increased incidence of atherosclerosis

50. Concerning alkaline phosphatase, all the following statements are true EXCEPT:

- a. Serum enzyme activity is higher in adults than in growing children
- b. Slight to moderate elevations are seen in liver cirrhosis
- c. Marked elevations are seen with common bile duct obstruction
- d. Striking elevations are seen in Paget's disease
- e. Enzyme activity is higher in pregnant than in non-pregnant females.

51. Concerning urinary casts, all the following statements are true EXCEPT:

- a. Hyaline casts may be found in the urine of healthy subjects
- b. Lipoid casts are found in nephritic syndrome
- c. Red blood cell casts are pathognomonic of acute glomerulonephritis
- d. White blood cell casts are found in pyelonephritis
- e. Granular casts are found in chronic renal failure

52. Increased total Creatine kinase (CK) activity is encountered in all of the following conditions EXCEPT:

- a. Duchenne myopathy
- b. Hyperthyroidism
- c. Diabetic ketoacidosis
- d. Severe muscle exercise
- e. Acute myocardial infarction

53. Which of the following markers may show increased levels 12 days after an acute myocardial infarction?

- a. Total CK
- ✓ b. CK-MB
- c. AST
- d. LDH
- e. Myoglobin

54. Typical biochemical features of chronic renal failure includes all of the following EXCEPT:

- a. Hyperphosphatemia
- b. Hypocalcemia
- c. Proteinuria more than 3 gms/day
- d. Increased urea, creatinine and uric acid
- e. Metabolic acidosis

55. As regards hepatitis B infection which of the following is true:

- a. Persistence of HBsAg ≥ 6 months is an indicator of chronicity
- b. Serum HBcAg indicates viral replication
- c. It is transmitted through feco-oral route
- d. Positive HBcAb and +ve HBsAb denotes post-vaccination
- ✓ e. HBsAb indicates viral replication

56. Detection of low titre HBcAb IgG and positive HBsAb denotes:

- a. HBV past infection with immunity to HBV
- b. HBV carrier status
- ✓ c. HBV vaccination
- d. HBV acute infection
- e. HBV chronic infection

57. Auto-immune disease can be characterized by all of the following EXCEPT:

- a. Tendency to occur more frequently in women
- b. Polyclonal hypergammaglobulinemia
- c. Familial incidence
- d. Presence of autoantibodies in serum
- e. Monoclonal hypergammaglobulinemia

58. For septic meningitis all are correct EXCEPT:

- a. Increased white cell count in CSF
- b. Increase protein level in CSF
- c. Aspect is clear
- d. Decrease glucose level in CSF
- e. Positive culture

59. The best specimen for routine urine culture is:

- a. Midstream sample
- b. 24-hour urine sample
- c. Early morning sample
- d. 48-hour urine sample
- e. None of the above

60. The most useful test for diagnosis of enteric fever in the first week of illness is:

- a. Urine culture
- b. Blood culture
- c. Widal test
- d. ELISA for detection of specific antibodies
- e. Stool culture



Faculty of Medicine
Cairo University



1- June 2013

Time allowed : 2 1/2 hours

Sixth year Internal Medicine Exam (MBBch) Paper I

Total marks: 130

ALL QUESTIONS ARE TO BE ANSWERED

Question (1)

- ✓ A- When do you suspect Subacute Bacterial endocarditis ? (5 marks)
- ✓ B- What are the early complications of acute myocardial infarction?(5 marks)
- ✓ C- Outline treatment of: (one drug dose is required) (5 marks)
 - ✓ i- Atrial fibrillation
 - ✓ ii- Renal Hypertension. (5 marks)

Question (2)

- ✓ A- Describe when would you suspect (risk factors and presentations) of bronchogenic carcinoma? (10 marks)
- ✓ B- Outline treatment of a case of:
 - ✓ i- Bronchial asthma. (5 marks)
 - ✓ ii- Post pneumonic pleural effusion. (5 marks)

Question (3)

- ✓ A- Describe clinical picture and investigations of a case of subarachnoid hemorrhage? (10 marks)
- ✓ B- Mention 5 causes for peripheral neuropathy. (5 marks)
- ✓ C- Describe clinical picture of Bell's palsy? (5 marks)

Question (4)

- ✓ A- Mention :
 - ✓ i- Precipitating factors of hepatic precoma. (5 marks)
 - ✓ ii- 5 causes for haematemesis. (5 marks)
- ✓ B- Outline treatment of:
 - ✓ i- Ulcerative Colitis. (5 marks)
 - ✓ ii- Ascites in liver cell failure. (5 marks)

Question (5)

- ✓ A- Describe clinical picture and investigations of chronic myeloid leukemia? (5 marks)
- ✓ B- Outline treatment of aplastic anaemia? (5 marks)

Question (6)

A- Describe clinical picture of :

- i- Hypoglycaemia. (2.5 marks)
- ii- Cushing Syndrome (2.5 marks)

B- Outline treatment of thyrotoxicosis? (5 marks)

Question (7)

A- Mention :

- ~~i- 5~~ causes for lower back pain (2.5 marks)
- ~~ii- 5~~ investigations for a case suspected to suffer of rheumatoid arthritis and expected findings in each. (2.5 marks)

~~B-~~ Outline treatment of Gout? (5 marks)

Question (8)

A- Mention:

- ~~i- 5~~ causes for macroalbuminuria? (2.5 marks)
- ~~ii- 5~~ causes for chronic renal failure? (2.5 marks)

~~B-~~ Describe the clinical picture of nephrotic syndrome ? (5 marks)

Question (9)

A. What is the treatment of : (Dose of one drug is required)

- ~~i-~~ Enteric fever (2.5 marks)
- ~~ii-~~ Amoebic Dysentery (2.5 marks)

~~B-~~ Describe the clinical picture and the diagnostic tools for a case of brucellosis? (5 marks)

Faculty of Medicine
Department of Psychiatry
Sixth Year. Final Psychiatry Exam
June 2013

Answer two questions out of three: (10 marks each)

✓ 1. a. Describe the clinical picture of a Major Depressive Episode. (5 marks)

b. Define Delirium and enumerate its common causes. (5 marks)

2. a. List the indications of Typical Antipsychotics. (5 marks)

b. Define the terms "Tolerance" and "Dependence" of substances of abuse. (5 marks)

3. a. Enumerate the causes of suicidal behavior in psychiatric patients. (5 marks)

b. Define "Delusions" and List its types. (5 marks)



Cairo University
Faculty of Medicine
Department of Internal Medicine



Date: November 20th, 2013
Time allowed: 2 ½ hour
Total Marks allocated: 130

Final Examination

Paper I 6th year Internal Medicine MBBCh

All Questions are to be answered

Q1- Enumerate causes of:

- a- Hypercalcemia (4 marks)
- b- Acute hepatic failure (4 marks)
- c- Acute paraplegia (4 marks)
- d- Nephrotic syndrome (4 marks)
- e- Haematemesis (4 marks)
- f- Aplastic anemia (4 marks)

Q2- Outline the treatment of:

- a- Left-sided Heart failure (9 marks)
- b- Diabetic ketoacidosis (9 marks)
- c- Pulmonary tuberculosis (9 marks)
- d- Typhoid fever (9 marks)

Q3- What are the risk factors for:

- a- Coronary Heart disease (4 marks)
- b- Chronic Obstructive Pulmonary Disease (COPD) (4 marks)
- c- Osteoporosis (4 marks)
- d- Human Immune-Deficiency Syndrome (AIDS) (4 marks)

Q4- What are the complications of:

- a- Pneumonia (6 marks)
- b- Myocardial Infarction (6 marks)
- c- Chronic renal failure (6 marks)

Q5- Give the diagnostic criteria of:

- a- Systemic Lupus Erythematosus (SLE) (6 marks)
- b- Pulmonary Embolism (6 marks)
- c- Newly diagnosed case with Diabetes Mellitus (6 marks)

Q6- Give a short account on:

- a- Thyroid eye disease (6 marks)
- b- Syncope (6 marks)
- c- Medical causes of acute abdomen (6 marks)

Good Luck



Faculty of Medicine

Department of Psychiatry

Sixth Year Final Psychiatry Exam

20th November 2013

Answer two questions out of three: (10 marks each)

1. For six weeks, a college student has survived on canned food because he is afraid of being poisoned by the mafia. He is convinced that secret cameras have been placed in his apartment and that he is being constantly watched. He can hear voices that comments on his behaviors. For approximately two months prior to the emergence of these symptoms he has been increasingly withdrawn, suspicious, disinterested in his academic work, and uncaring about his appearance.
 - a. Identify symptoms and possible diagnosis of this case. (5 marks)
 - b. Describe the management plan for this case. (5 marks)
2.
 - a. Enumerate the most common psychiatric emergencies and discuss one in details (Diagnosis & Management). (5 marks)
 - b. Describe the clinical picture of major depressive episode. (5 marks)
3.
 - a. Differentiate between Delirium and Dementia. (5 marks)
 - b. Discuss different lines of management of a case of Panic Disorder. (5 marks)



Cairo University
Faculty of Medicine
Department of Internal Medicine

Date: November 23rd, 2013
Time allowed: 2 1/2 hours
Total Marks allocated: 120

Final Examination

Paper II, 6th year Internal Medicine MBBCh

All questions are to be answered

1) A 22 year-old student is presenting to the ER because of severe anterior chest pain following a 4 day prodrome of fever, runny nose, myalgia, sore throat and anorexia. 3 hours before admission to the ER he felt severe sharp sub-sternal chest pain that increases on inspiration, relieved on sitting up and is associated with diaphoresis. On examination he looked anxious, in distress, his pulse was 105/min, blood pressure 110/70, temperature 38.5C and respiratory rate 25/min. A rub was heard over the heart. The pain was only partially relieved after taking morphia and oxygen in the ER. His ECG showed sinus tachycardia and saddle ST segment elevations in most leads. CBC showed mild leucocytosis and blood gases were normal.

- a) What is your most likely diagnosis? (3 marks)
- b) How can you reach a final diagnosis? (6 marks)
- c) How would you treat this patient? (6 marks)

2) A 20 year old girl is suffering from recurrent episodes of acute dyspnea, cough and chest wheezing since she was a child. Her symptoms occur more frequently during winter season and is provoked by cold or exposure to dust and fumes. Symptoms are more intensified during night. She admits of using a metered dose inhaler to relieve her symptoms and that she has been using it frequently and on daily basis last month as winter is approaching.

- a) What is the diagnosis of this girl? (3 marks)
- b) How would you like to investigate her? (6 marks)
- c) What is the best management to her condition? (6 marks)

3) A 60 year old lawyer was brought to the ER because of weakness and numbness in his left arm and leg with difficulty in speaking. This happened two hours ago. He is known to have type 2 diabetes mellitus and is receiving metformin 1gm daily and used to smoke 10 cigarettes per day for 30 years. By the time he reached the hospital he felt much better and wanted to leave as he is in the middle of a busy work schedule. On examination his pulse was 75/min regular, blood pressure was 150/90 mmHg sitting and was afebrile. His cardiac, respiratory and abdominal examination was free. His neurological examination is free apart from evidence of peripheral neuropathy. Random sugar was 190 mg/dl and urgent CT brain revealed no abnormalities.

- a) What is your most likely diagnosis? (3 marks)
- b) How are you going to investigate the patient? (6 marks)
- c) What is your plan of management? (6 marks)

4) A 25 year-old man is presenting with diarrhea, abdominal pain and weight loss. The illness started six months ago with low grade fever and diarrhea. He used to pass 3-4 non bloody loose stools. He then started to feel recurrent increasing right lower abdominal pain not related to food and not relieved by analgesics. He noticed weight loss of about 5 kilograms over the last 3 months. Examination revealed general ill-health, aphthous ulceration of the mouth and a perianal abscess. Abdominal examination reveals tenderness in the right iliac fossa with no guarding or rebound tenderness. Stool examination was free and colonoscopic examination to the transverse colon was free.

- a) What is your likely diagnosis? (3 marks)
- b) How can you reach a final diagnosis? (4 marks)
- c) What are the complications of this condition? (4 marks)
- d) How are you going to treat this patient? (4 marks)

5) A 40 year-old farmer is presenting to you with fever and headache of 3 month duration. Fever was remittent and sometimes reached 40 °C. This was associated with chills, diaphoresis and marked bony pains. He also feels pain in both knees , hips and shoulders. He lost 8 kilograms during his illness. On examination his pulse was 98 /min regular, BP 130/80 mmHg, temperature 38.8 °C and respiratory rate 18/min. Both Liver and spleen were enlarged firm and not tender, with no liver cell failure stigmata or ascites. Cervical , axillary and inguinal lymph nodes were mildly enlarged discrete and not tender. Blood picture revealed mild normocytic anemia and mild polymorph-nuclear leucocytosis. Liver and kidney functions were normal. Chest X ray was normal and tuberculin test negative.

a- What is your most likely diagnosis? (3 marks)

b- How are you going to investigate the patient? (6 marks)

c- How are you going to treat this patient? (6 marks)

6) A 16 year-old girl is presenting to the out-patient clinic with puffiness of her eyes that increases in the morning. Two weeks earlier she suffered fever, sore throat and malaise for which she received an antibiotic (amoxicillin-clavulonic acid) for one week. On questioning she admits to have passed small quantities of urine during the last 3 days. On examination, her pulse was 80/min, blood pressure 150/100, temperature 37°C and respiratory rate 14/minute. She has peri-orbital swelling, raised jugular venous pressure and mild oedema in her lower limbs. Urine examination with a dipstick revealed the presence of blood and protein. She is referred to the hospital for further assessment.

a- What is your likely diagnosis? (3 marks)

b- How are you going to investigate her? (5 marks)

c- What pathological changes you expect in such a case? (2 marks)

d- How are you going to treat her? (5 marks)

7) A 22 year female student presents with recurrent episodes of epistaxis and menorrhagia since two months. She noticed non-itchy red spots all over her body and bruises in both thighs and right arm. On examination she had mild pallor, no jaundice and there are petechiae seen over her palate. There was no hepatosplenomegaly or enlarged lymph nodes. Cardiac, respiratory and neurological examination revealed no abnormalities. Blood picture revealed haemoglobin 10.5 gm/dl, RBCs 4 000 000/cmm, WBCs 6 000/cmm and platelets 60 000/cmm.

- a- What is your most likely diagnosis? (3 marks)
- b- Construct a differential diagnosis based on the given abnormal findings. (6 marks)
- c- How are you going to manage this patient? (6 marks)

8) A 40 year-old woman is presenting to the outpatient clinic because of uncontrolled hypertension. She feels fatigue most of the time and admitted to gain weight 10 kilograms over the last 6 months despite keeping her usual dietary intake. On examination she looked puffy in the face with hoarse voice, dry skin. Her blood pressure was 140/105, pulse 60/min regular and afebrile. Her BMI is 40, Chest X-ray showed increase cardio-thoracic ratio, ECG sinus bradycardia and serum creatinine 0.9 mg/dl.

- a- What is your likely diagnosis? (3 marks)
- b- How can you confirm your diagnosis? (3 marks)
- c- What are the complications of this condition? (5 marks)
- d- How would you treat this patient? (4 marks)

Good Luck



FACULTY OF MEDICINE
CAIRO UNIVERSITY



Saturday, 23rd November 2013
Time allowed: 15 minutes

الجزء
Section A

FINAL M.B.Bch. EXAM
DERMATOLOGY

All questions are to be attempted
Choose only ONE correct answer

1. **The following may be used in the treatment of vitiligo**
 - a. Radiotherapy.
 - b. Electrocautery.
 - c. Cryocautery.
 - d. Phototherapy.
 - e. Physiotherapy.
2. **All of the following lesions may be seen in acne vulgaris EXCEPT**
 - a. Vesicles.
 - b. Nodules.
 - c. Pustules.
 - d. Scars.
 - e. Papules.
3. **Cicatricial alopecia occurs in the following disease**
 - a. Tinea circinata.
 - b. Psoriasis vulgaris.
 - c. Systemic lupus erythematosus.
 - d. Scaly ringworm.
 - e. Favus.
4. **As regards treatment of psoriasis**
 - a. Tar preparations are used in pustular psoriasis.
 - b. Antibiotics eradicate infection in pustular psoriasis.
 - c. Calcipotriol is a vitamin A analogue that induces keratinocyte differentiation.
 - d. Occlusion increases the action of topical steroids.
 - e. Methotrexate is used in localized psoriasis vulgaris.
5. **Griseofulvin may be used in the treatment of**
 - a. Oral thrush.
 - b. Tinea versicolor.
 - c. Tinea corporis.
 - d. Interdigital monilia.
 - e. Balanitis.

6. The eye may be affected in ONE of the following diseases
- Lichen planus.
 - Pityriasis rosea.
 - Acne vulgaris.
 - Herpes simplex.
 - Psoriasis.
7. All of the following about lepromin test is true EXCEPT
- It is used to classify leprosy.
 - It is a prognostic test.
 - It is a specific test.
 - It is a non-diagnostic test.
 - It depends on the immune status of the patient.
8. Multiple deep boils that open on the skin surface by multiple fistulae is called
- Carbuncle.
 - Kerion.
 - Sycosis.
 - Furunculosis.
 - Cellulitis.
9. A nodule is
- An epidermal lesion.
 - A superficial lesion.
 - Less than 0.5 cm in diameter.
 - A cystic lesion.
 - A dermal lesion.
10. All of the following are signs of discoid lupus erythematosus EXCEPT
- Erythema.
 - Pustulation.
 - Telangiectasia.
 - Stippling.
 - Scarring.
11. Sites of predilection of scabietic burrows in adults include all of the following EXCEPT
- In-between fingers & wrist area.
 - Medial sides of forearms.
 - Anterior axillary folds & lower abdomen.
 - Breast in females & genitalia in males.
 - Upper back.

12. All of the following microorganisms have a predilection for neural tissue EXCEPT

- a. Varicella zoster virus.
- b. Human papilloma virus.
- c. Herpes simplex virus type I.
- d. Herpes simplex virus type II.
- e. Lepra bacilli.

13. ONE of the following is TRUE about papular urticaria

- a. Is caused by food.
- b. Involves only exposed areas.
- c. Mediated by acetylcholine.
- d. May involve mucous membranes.
- e. Involves both humoral and cell-mediated immune responses.

14. Pityriasis rosea

- a. Is an infectious scaly erythematous disease.
- b. Is a viral exanthema.
- c. Is commonly a recurrent disease.
- d. Usually heals in one week.
- e. Affects mainly forearms and lower legs.

15. An infant, 4 months old, presented with bilateral erythematous plaques on both cheeks. On examination, vesicles, oozing and crusting were seen. The most probable diagnosis is

- a. Contact dermatitis.
- b. Atopic dermatitis.
- c. Impetigo contagiosum.
- d. Molluscum contagiosum.
- e. Herpes simplex.

Department of Andrology, Sexology & STDs

Answer in section B Exam 2

- 1) The following mechanisms can be used for the management of ischemic priapism except:
 - a) Aspiration of cavernous blood.
 - b) Aspiration and irrigation with saline.
 - c) Intracorporeal injection of Ephedrine.
 - d) Shunt operations.
 - e) Intracorporeal injection of Atropine.
- 2) All the following can be a cause of urethral discharge Except:
 - a) Prosemen.
 - b) Prostatorrhea.
 - c) Chlamydia trachomatis.
 - d) Candida albicans.
 - e) Pox virus (Molluscum contagiosum).
- 3) The "start and stop" technique is a sex therapy method used in the treatment of:
 - a) Erectile dysfunction.
 - b) Retarded ejaculation.
 - c) Premature ejaculation.
 - d) Retrograde ejaculation.
 - e) Anejaculation
- 4) The Excitation stage of the female sexual response cycle is characterized by all of the following except:
 - a) Clitoral erection.
 - b) Rythmic involuntary contractions of pelvic floor muscles.
 - c) Vaginal transudation.
 - d) Nipple erection.
 - e) Increased heart rate, blood pressure and respiratory rate.
- 5) Psychogenic erectile dysfunction may be characterized by all the following except:
 - a) Sudden onset.
 - b) Intermittent course.
 - c) Loss of morning erection.
 - d) Normal nocturnal penile tumescence.
 - e) Full erection in response to PGE1 injection.
- 6) The most common endocrinal disease to cause organic erectile dysfunction is:
 - a) Hypogonadism.
 - b) Hyperprolactinemia.
 - c) Myxedema.
 - d) Diabetes mellitus.
 - e) Hyperthyroidism.
- 7) To avoid complications of undescended testes management should start at the age of:
 - a) 8 years.
 - b) 6 years.
 - c) 3 years.
 - d) 1 year.
 - e) 14 years.
- 8) Condyloma lata:
 - a) Is caused by Human papilloma virus type 6.
 - b) Usually dry and cauliflower-like.
 - c) Characteristic lesion of secondary stage of syphilis.
 - d) Usually precancerous.
 - e) None of the above.
- 9) Viral sexually transmitted diseases include the following except:

- a) HIV.
- b) Viral hepatitis B
- c) Herpes progenitalis.
- d) Herpes zoster.
- e) Molluscum contagiosum.

10) Regarding testicular torsion the appropriate time for the start of intervention should be:

- a) From 12 to 24 hours.
- b) Within 1 week.
- c) Within 4 hours (once detected).
- d) From 48 to 72 hours.
- e) From 24 to 48 hours.

11) Current treatment modalities of azoospermia include the following except:

- a) Surgical repair of obstruction
- b) Testicular sperm extraction and intracytoplasmic sperm injection.
- c) Hormonal treatment for hypogonadism cases
- d) Gene therapy
- e) Varicocelectomy

12) The following are possible causes of aspermia except:

- a) Hypogonadotropic hypogonadism
- b) Retrograde ejaculation
- c) Retroperitoneal surgery
- d) Ejaculatory duct obstruction
- e) Psychological factors.

13) Antiretroviral drugs include the following except:

- a) Protease inhibitors
- b) Aromatase inhibitors
- c) Integrase inhibitors
- d) Reverse transcriptase inhibitors
- e) Entry inhibitors

14) Gonococcal infection in female is best diagnosed by:

- a) Immune fluorescence test
- b) Culture on specific media
- c) Gram stained smear
- d) Antibody detection tests.
- e) Sugar fermentation test.

15) Penicillin therapy may cause serious problems because of:

- a) Type I hypersensitivity reaction
- b) Type II hypersensitivity reaction
- c) Type III hypersensitivity reaction
- d) Type IV hypersensitivity reaction
- e) Type V hypersensitivity reaction



Cairo University
Faculty of Medicine
Department: Internal Medicine

Date: 25th of November, 2013
Time allowed: 2 ½ hours
Total Marks: 130 marks

Final Examination

MCQs (Group A)

All questions are to be answered

1- Pulmonary Hypertension is most severe in which untreated valvular disease

- a- Pulmonary stenosis
- b- Aortic stenosis
- c- Mitral stenosis
- d- Aortic regurge

2- Bronchial asthma is characterized by all of the following except:

- a- Airway inflammation
- b- Airway obstruction
- c- Bronchial hyperreactivity
- d- Alveolar destruction

3- All are true regarding Infectious mononucleosis (Glandular fever) except:

- a- posterior cervical lymphadenopathy is common
- b- can be diagnosed on the Paul-Bunnell test
- c- May be related to Epstein-Barr virus
- d- Require a lymph node biopsy for the diagnosis

4- The following are true regarding osteoporosis except:

- a- characterized by decreased bone mass
- b- serum calcium usually elevated
- c- can be treated by biphosphonates
- d- can be induced by corticosteroids

5- The following are recognized features of Cushing syndrome except:

- a- trunkal obesity
- b- periorbital puffiness
- c- striae rubra
- d- hirsutism

6 - The following are causes of hypokalemia except:

- a- Thiazide diuretics
- b- Primary Aldosteronism
- c- Acute renal failure
- d- Diarrhea

7- Recognized features of severe heart failure include:

- a- Tiredness
- b- weight loss
- c- epigastric pain
- d- all of the above

8- Slow rising pulse is a feature of :

- a- Endotoxic shock
- b- Aortic stenosis
- c- Mitral stenosis
- d- Constrictive pericarditis

9 -Which of the following is not a feature of UMN palsy:

- a- Spasticity
- b- Hyper-reflexia
- c- Babinski's sign
- d- Fasciculations

10- All are features of pontine haemorrhage except

- a- Disconjugate gaze
- b- Pin point pupil
- c- sudden onset of coma
- d- Hypothermia

11- Which is not a vitamin K-dependent factor:

- a- Factor II
- b- Factor VII
- c- Factor VIII
- d- Factor IX

12- Beta adrenergic antagonists are indicated in all of the following except:

- a- Congestive heart failure
- b- Angina pectoris
- c- Hypertension
- d- Hyperthyroidism

13- Haemoptysis is commonly seen in:

- a- Aortic stenosis
- b- Mitral stenosis
- c- Pulmonary stenosis
- d- Aortic regurge

14- Drug of choice to relieve pain in acute myocardial infarction is?

- a- Morphia
- b- Diazepam
- c- NSAID
- d- nitroglycerine

15- Drug of choice to treat anaphylaxis is:

- a- antihistamine
- b- anti-leukotriens
- c- IV Cortisone
- d- SC Epinephrine

16- Influenza is caused by:

- a- Influenza virus
- b- Rhinovirus
- c- Haemophilus Influenzae
- d- All of the above

17- All are true regarding duodenal ulcer except:

- a- Causes epigastric pain
- b- Well marked periodicity
- c- Pain occur 2 hours after meal
- d- Vomiting is considered the main feature

18- Clubbing of the fingers is a feature of all except :

- a- Bronchiectasis
- b- Bronchogenic Carcinoma
- c- Interstitial pulmonary fibrosis
- d- left- to- right shunt

19- Very large spleen can be found in all except:

- a- Bilharzial liver disease
- b- Chronic myeloid leukemia
- c- Sickle cell anaemia
- d- Thalassemia major

20- Gold standard investigation in the diagnosis of reflux oesophagitis is:

- a- 24 hour pH monitoring
- b- Endoscopy
- c- Biopsy
- d- Oesophageal manometry

21- Iron deficiency anemia is characterized by all of the following except:

- a- decreased serum iron
- b- Hypochromia
- c- decreased Iron binding capacity
- d- decreased serum ferritin

22- Paradoxical breathing is characteristic of :

- a- Pneumonia
- b- Pleural effusion
- c- Pneumonia
- d- Diaphragmatic paralysis

23- Atopy is associated with increased production of:

- a- Ig A
- b- IgG
- c- Ig M
- d- Ig E

24- Genetic Vertical transmission is characteristic of:

- a- Autosomal dominant diseases
- b- Autosomal recessive diseases
- c- X-linked diseases
- d- Multifactorial genetic transmission

25- Hepatosplenomegaly with lymphadenopathy is found in all of the following except :

- a- Acute lymphatic leukemia
- b- Chronic myeloid leukemia
- c- Infectious mononucleosis
- d- Miliary Tuberculosis

26- A patient with pheochromocytoma would secrete which of the following in high concentrations:

- a- Norepinephrine
- b- Epinephrine
- c- Dopamine
- d- VMA

27- Diabetic nephropathy most commonly presents as:

- a- Proteinuria
- b- Haematuria
- c- Anuria
- d- Loss of concentration ability

28- Majority of urinary tract infections are caused by:

- a- Streptococcus faecalis
- b- E. Coli
- c- Proteus
- d- Pseudomonas aeruginosa

29- Acute glomerulonephritis is characterized by all of the following except:

- a- Oliguria
- b- Haematuria
- c- Gross proteinuria
- d- Minimal change is the commonest variety

30- All of the following are seen in Felty's syndrome except:

- a- Rheumatoid arthritis
- b- hepatomegaly
- c- splenomegaly
- d- Neutropenia

31- The following are causes of accentuated second heart sound except:

- a- Hypertension
- c- Thyrotoxicosis
- d- Aortic stenosis
- e- Aortic aneurysm

32- The following can cause wheezy chest except:

- a- Bronchial asthma
- b- COPD
- c- Heart failure
- d- Pneumonia

33- Dysphagia may be caused by all of the following except:

- a- severe mitral stenosis
- b- Goitre
- c- Tonsillitis
- d- Oesophageal varices

34- Factors associated with gastro-oesophageal reflux include all of the following except:

- a- Obesity
- b- Proton pump inhibitors
- c- Cigarette smoking
- d- Anti-muscarinic drugs

35- Papilloedema can be caused by all of the following except:

- a- Brain tumours
- b- Malignant hypertension
- c- Cavernous sinus thrombosis
- d- Alcohol ingestion

36- Causes of amnesia include the following except:

- a- Alcohol
- b- Head trauma
- c- Bilateral posterior cerebral artery occlusion
- d- Anterior spinal artery occlusion

37- Diabetic retinopathy include all of the following except:

- a- Microaneurysms
- c- Neovascularization
- d- Vitreous haemorrhage
- e- Cataract

38- Flapping tremors is not found in:

- a- Hepatocellular failure
- b- Hypercapnea
- c- severe heart failure
- d- Raised intracranial tension

39- Cerebellar manifestations include all of the following except:

- a- Nystagmus
- b- Dysarthria
- c- Ataxic gait
- d- Rest tremors

40- The following are features of Horner's syndrome except:

- a- Complete ptosis
- b- Constricted Pupil
- c- Anhidrosis
- d- Causes Enophthalmos

41- Corneal reflex tests the integrity of :

- a- Optic nerve
- b- Oculomotor nerve
- c- Trochlear nerve
- d- Trigeminal nerve

42- Root value of the plantar response is:

- a- L4
- b- S1,2
- c- S1
- d- L5,S1

43- Presence of Babinski's sign with loss of ankle jerk can occur in all except:

- a- Freidreich's ataxia
- b- Sub-acute combined degeneration
- c- Hepatic precoma
- d- Taboparesis

44- Transient ischemic attack (TIA) stamps the process as:

- a- Embolic
- b- Haemorrhagic
- c- Demyelinating
- d- Inflammatory

45- Bluish discolouration of the gum margins is seen in poisoning with:

- a- Lead
- b- Arsenic\
- c- Copper
- d- Bismuth

46- Strawberry tongue is found in:

- a- Rheumatic fever
- b- Scarlet fever
- c- Glandular fever
- d- Yellow fever

47- Tropical sprue may be associated with all except:

- a- Malabsorption
- b- Patchy lesion
- c- Partial villous atrophy is more common than sub-total villous atrophy
- d- Treatment is done satisfactorily by intestinal resection

48- The major site of bile salt absorption is

- a- Stomach
- b- Duodenum
- c- Proximal small intestine
- d- Distal small intestine

49- All are recognized complications of Inflammatory Bowel Disease except:

- a- Gall stone formation
- b- pyoderma gangrenosum
- c- Aphthous stomatitis
- d- Erythema marginatum

50- Regarding ulcerative colitis which is true:

- a- Segmental involvement is common
- b- Granuloma and fistula formation are characteristic
- c- Crypt abscesses are typical
- d- Malignancy never follows

51- Clubbing of fingers is present in all except

- a- Fibrosing alveolitis
- b- Cystic fibrosis
- c- COPD
- d- Lung abscess

52- Haemorrhagic pleural effusion may be seen in

- a- Liver cirrhosis
- b- Pulmonary tuberculosis
- c- SLE
- d- Myxoedema

53- Pulmonary Tuberculosis can be diagnosed by

- a- Blood culture
- b- Sputum examination
- c- Tuberculin skin testing
- d- Chest plain X-ray

54- Obstructive pattern in pulmonary function testing is indicated by which parameter

- a- FVC
- b- FEV1
- c- FEV1/FVC
- d- Peak Expiratory flow rate

55- Commonest cause of hypertrophic osteoarthropathy is

- a- Fallot's tetralogy
- b- Bronchiectasis
- c- Pleural mesothelioma
- d- Bronchogenic carcinoma

56- Pink frothy and profuse sputum is seen in

- a- Pneumoconiosis
- b- lobar pneumonia
- c- acute pulmonary oedema
- d- Bronchiectasis

57- Bilateral hypertranslucency in chest X-ray (PA view) is seen in all except

- a- COPD
- b- Under-exposed film
- c- Multiple bullae
- d- Fallot's tetralogy with pulmonary atresia

58- Pulsus paradoxus is a feature of all except

- a- severe heart failure
- b- severe bronchial asthma
- c- severe pericardial effusion
- d- constrictive pericarditis

59- Pneumatocele is found in pneumonia caused by

- a- Staphylococcus aureus
- b- Streptococcus pneumoniae
- c- Klebsiella pneumoniae
- d- Mycoplasma pneumoniae

60- P-pulmonale in ECG is seen in

- a- acute pulmonary embolism
- b- Chronic cor pulmonale
- c- pericardial effusion
- d- uncomplicated mitral stenosis

61- Low voltage ECG is seen in:

- a- Thin chest wall
- b- Consolidation
- c- Hyperthyroidism
- d- Emphysema

62- The following are restrictive lung diseases except

- a- Sarcoidosis
- b- Cystic fibrosis
- c- Obesity
- d- Severe Kyphoscoliosis

63- Which does not belong to the triad of bronchial asthma symptoms

- a- Dyspnea
- b- Chest pain
- c- Cough
- d- Wheezy chest

64- In lobar pneumonia which is not true

- a- Trachea deviated to opposite side
- b- Dullness on percussion
- c- Tubular breath sound
- d- presence of whispering pectoriloquy

65- In pneumothorax which is not true

- a- Increased percussion note
- b- diminished breath sounds
- c- increased vocal resonance
- d- positive coin test

66- Which of the following is not regarded an indication for hospitalisation in pneumonia

- a- Pulse >140/min
- b- Temperature >39°C
- c- Respiratory rate >30/min with dyspnea
- d- Signs of meningeal irritation

67- The most reliable symptom of pulmonary thromboembolism is

- a- acute substernal chest pain
- b- acute dyspnea
- c- haemoptysis
- d- syncope

68- Increased numbers of eosinophils in the sputum is diagnostic of

- a- Bronchial asthma
- b- COPD
- c- Fibrosing alveolitis
- d- Cystic fibrosis

69- Upper border of liver dullness is elevated in all except

- a- Ascites
- b- Subdiaphragmatic abscess (right)
- c- Pneumothorax (right)
- d- Pleural effusion (right)

70- The following are complicated by cyanosis except

- a- High altitude
- b- COPD
- c- Lung abscess
- d- pulmonary AV fistula

71- Pulsus alternans occur in

- a- Severe heart failure
- b- pericardial effusion
- c- Hypertrophic obstructive cardiomyopathy
- d- digitalis toxicity

72- Which of the following is false in restrictive lung disease

- a- Decreased vital capacity
- b- Increased residual volume
- c- Decreased functional residual capacity
- d- Decreased total lung capacity

73- Commonest cause of anaemia in thalassemia is

- a- Viral hepatitis C
- b- Viral hepatitis B
- c- Iron deposition in the liver
- d- Haemolysis

74- Which of the following anaemia's is associated with splenomegaly

- a- Chronic renal failure
- b- Aplastic anaemia
- c- Hereditary spherocytosis
- d- Iron deficiency anaemia

75-All of the following may cause abdominal pain in patients with thalassaemia major except

- a- Vasculitis
- b- Splenic infarcts
- c- Dragging pain due to huge splenomegaly
- d- Gall stone-induced biliary colic

76- All of the following can produce microcytic anemia except

- a- Sideroblastic anaemia
- b- Thalassaemia
- c- Pernicious anaemia
- d- Lead poisoning

77- Which of the following is not a myeloproliferative disorder

- a- Chronic myeloid leukemia
- b- Polycythemia vera
- c- Essential thrombocytopenia
- d- Myelofibrosis

78- Splenectomy is virtually curative in

- a- G6PD deficiency
- b- Idiopathic thrombocytopenic purpura
- c- Thalassemia
- d- Hereditary spherocytosis

79- The following are causes of thrombocytopenia except:

- a- Disseminated Intravascular Coagulopathy
- b- Myelosclerosis
- c- Idiopathic thrombocytopenic purpura
- d- Henoch-Shonlein purpura

80- Cooley's anaemia is

- a- Sickle cell anaemia
- b- Megaloblastic anaemia
- c- Thalassemia major
- d- Aplastic anaemia

81- The following are true regard polycythemia vera except

- a- Splenomegaly is common
- b- Low level of Erythropoietin
- c- Packed cell volume (PCV) is increased
- d- ESR is increased

82- Iron transport protein is

- a- Transcobalamin
- b- Ferritin
- c- Haemoglobin
- d- Transferrin

83- Auto-immune haemolytic anaemia is associated with

- a- Acute myeloid leukaemia
- b- Acute lymphatic leukaemia
- c- Chronic Myeloid leukaemia
- d- Chronic lymphatic leukaemia

84- The following is true regards to gout except

- a- Typically involve the 1st metacarpophalangeal joint
- b- acute gouty attacks can be precipitated on initiating a diuretic
- c- Does not involve the temporo-mandibular joint
- d- Allopurinol is commonly used in treatment

85- All are true in acute renal failure except

- a- Increased urica concentration in blood
- b- Increased hydrogen concentration in blood
- c- Increased calcium concentration in blood
- d- Increased potassium concentration in blood

86- Oliguria is

- a- < 50ml urine/24 hours
- b- <100 ml urine/24 hours
- c- <200 ml urine/24 hours
- d- <400 ml urine/24 hours

87- Fatty casts in urine is often diagnostic of

- a- Nephrotic syndrome
- b- Acute glomerulonephritis
- c- End-stage renal disease
- d- Papillary necrosis

88- Complete anuria is found in

- a- Diffuse cortical necrosis
- b- Acute gastro-enteritis
- c- Acute renal failure
- d- Chronic glomerulonephritis

89- Radiolucent nephrolithiasis is found in stones composed of

- a- Magnesium ammonium phosphate
- b- Cystine
- c- Uric acid
- d- Calcium oxalate

90- Metastatic calcification is seen in all of the following organs except

- a- Cornea
- b- Myocardium
- c- Medium-sized blood vessels
- d- Brain

91- The commonest histologic variety of nephrotic syndrome is

- a- minimal lesion
- b- focal proliferative
- c- mesangial-proliferative
- d- membranous

92- The following are considered high risk group for Influenza complications except

- a- patients with COPD
- b- Patients with chronic cardiac diseases
- c- Elderly patients
- d- Adolescents

93- Romberg's sign is positive in

- a- Cerebellar ataxia
- b- Sensory ataxia
- c- Ataxia-telangiectasia
- d- Apraxia

94- Which is not considered autonomic neuropathy in diabetes Mellitus

- a- Postural hypotension
- b- Gustatory sweating
- c- Impotence with intact testicular sensations
- d- Mono-neuritis Multiplex

95- All are features of Cushing's syndrome except

- a- Trunkal obesity
- b- Systemic hypertension
- c- Psychosis
- d- Precocious puberty

96- Acute tubular necrosis may be caused by all of the following except

- a- Hepato-renal syndrome
- b- Systemic hypertension
- c- Acute pancreatitis
- d- Congestive heart failure

97- The site of bleeding in haematemesis is:

- a- Upper gastrointestinal tract until the stomach
- b- Upper gastrointestinal tract until second part of duodenum
- c- Upper gastrointestinal until ligament of Trietz
- d- Gastrointestinal tract until ascending colon

98- The commonest causative agent in lobar pneumonia

- a- Staphylococcus aureus
- b- Streptococcus pneumoniae
- c- Mycoplasma pneumoniae
- d- Haemophilus influenza

99- Intra-hepatic cholestasis can be due to all except

- a- Viral hepatitis
- b- Drug reactions
- c- Biliary stones
- d- Septicemia

100- The following are features of Diabetic keto-acidosis except

- a- Disturbed conscious level
- b- Dehydration
- c- Hyperthermia
- d- Air hunger

101- The following drugs can be given by inhalation except

- a- Salbutamol
- b- Salmeterol
- c- Beclomethasone
- d- Montelukast

102- The following are complications of acromegaly except:

- a- Hypertension
- b- Carpal tunnel syndrome
- c- Impaired glucose tolerance
- d- Binocular hemianopia ✓

103- Murmurs that increases with respiration are usually

- a- Mitral valve murmurs
- b- Aortic valve murmurs
- c- Tricuspid valve murmurs ✓
- d- Haemic murmurs

104- The following parasite can be transmitted via pork meat ingestion

- a- Ascaris lumbricoides
- b- Taenia saginata
- c- Trichinella spiralis
- d- Strongyloides stercoralis

105- Causes of hypokalemia include the following except

- a- Diarrhea
- b- Primary aldosteronism
- c- Acute renal failure
- d- Chronic pyelonephritis

106- The following are features of shock except:

- a- Oliguria
- b- Disturbed conscious level
- c- Hypotension
- d- Cyanosis

107- Constipation can be caused by all of the following except

- a- Low fibre diet
- b- Pregnancy
- c- Irritable Bowel Syndrome
- d- Thyrotoxicosis

108- The following are features of infective endocarditis except:

- a- splinter haemorrhages
- b- petichae
- c- Erythema marginatum
- d- Mycotic aneurysms

109- Cyanosis means reduced haemoglobin is

- a- more than 5 gm/dl capillary blood
- b- more than 5 mg/dl capillary blood
- c- more than 5 gm/dl venous blood
- d- more than 5g/dl arterial blood

110- Pellagra is due to deficiency of

- a- Thiamine
- b- Pyridoxine
- c- Niacin
- d- Riboflavin

111- Megaloblastic anaemia is found in

- a- Folate deficiency
- b- Thalassemia
- c- Iron deficiency
- d- G6PD deficiency

112- Swollen spongy gums with bleeding is a manifestation of

- a- vitamin A deficiency
- b- Vitamin B1 deficiency
- c- Vitamin C deficiency
- d- Vitamin D deficiency

113- Opening snap is a feature of

- a- Mitral stenosis
- b- Aortic stenosis
- c- Pulmonary stenosis
- d- Tricuspid regurge

114- Gynaecomastia can be produced after treatment with all except

- a- Spironolactone
- b- Digitalis
- c- Cimetidine
- d- Rifampicin

115- Sheehan syndrome present with

- a- Heart failure
- b- failure of lactation after delivery
- c- Fever
- d- Hypertension

116- Spirometry is a measure of

- a- Spironolactone levels
- b- lung functions
- c- spirochete counts
- d- Body weight

117- Features of Addison's disease do not include

- a- Hypotension
- b- Diarrhea
- c- Dermatitis
- d- Dizziness

118- Miliary shadows in an X-ray can be due to the following except

- a- Tuberculosis
- b- Pneumoconiosis
- c- Pneumonia
- d- Idiopathic pulmonary fibrosis

119- The following are common complications of mitral stenosis except

- a- Atrial fibrillation
- b- Infective endocarditis
- c- Systemic embolization
- d- Pulmonary hypertension

120- The following conditions commonly cause itching

- a- Primary biliary cirrhosis
- b- Hodgkin's lymphoma
- c- Addison's disease
- d- Diabetes Mellitus

121- A patient is presenting with haematuria, and on urine examination was found to have dysmorphic RBC casts in his urine. The most probable site of the bleeding is the

- a- Kidney
- b- Ureter
- c- Bladder
- d- Urethra

122- Black tarry soft stools occur in which of the following conditions

- a- Diverticulosis
- b- Oesophageal varices
- c- Inflammatory bowel disease
- d- Cancer colon

Good luck

123- Projectile vomiting is significant for

- a- Regional enteritis
- b- Gastric carcinoma
- c- Duodenal ulcer
- d- Increased intracranial tension

124- Which of the following is not true about erosive gastritis

- a- May be drug induced
- b- May be caused by stress
- c- Endoscopy is the investigation of choice
- d- Ba meal clinches the diagnosis

125- Schistosomiasis may be seen clinically presenting with

- a- Abdominal pain and diarrhea
- b- Cor pulmonale
- c- Portal hypertension
- d- all of the above

126- In coarctation of the aorta which is true

- a- Upper limb BP > lower limb
- b- Lower limb BP > Upper limb
- c- Left side BP > right side
- d- BP is same in all limbs

127- Tuberculosis is reactivated in

- a- Pregnancy
- b- Steroid therapy
- c- Malnutrition
- d- All of the above

128- Ominous (serious) signs in bronchial asthma include all except

- a- Cyanosis
- b- Feeble breath sounds and absent wheeze
- c- Generalized sibilant ronchi
- d- Pulsus paradoxus

129- Multiple myeloma feature all except

- a- anemia
- b- monoclonal M band in plasma electrophoresis
- c- osteosclerotic lesions in skull X-ray
- d- Light chain proteinuria

130- A sound heard from an artery is a

- a- hum
- b- bruit
- c- murmur
- d- shuffle

Good luck

Final Examination Internal Medicine (Paper III)
Clinical and Chemical Pathology

Choose Only ONE Correct Answer:

131. Which ONE of the following is NOT a feature of intravascular haemolysis?

- A. Jaundice
- B. Haemosiderin in urine
- C. Absent haptoglobins
- D. Hemoglobin in urine

132. Which ONE of these is the most typical blood count in a patient presenting with chronic myeloid leukemia?

- A. Hb 3 g/dl; WBC 60,000. $10^6/L$; platelets 500,000. $10^6/L$
- B. Hb 9 g/dl; WBC 60,000. $10^6/L$; platelets 400,000. $10^6/L$
- C. Hb 6 g/dl; WBC 12,000. $10^6/L$; platelets 50,000. $10^6/L$
- D. Hb 12 g/dl; WBC 160,000. $10^6/L$; platelets 500,000. $10^6/L$

133. Most sensitive and specific test for diagnosis of iron deficiency anemia is:

- A. Serum ferritin level
- B. Percentage of transferrin saturation
- C. Total iron binding capacity
- D. Serum iron level

134. Which of the following findings is expected in cases of liver cirrhosis:

- A. Prolongation of prothrombin time
- B. Low serum albumin
- C. AST/ALT ratio is more than 1
- D. all of the above

135. Which of the following markers may show increased levels 4 hours after an acute myocardial infarction?

- A. Total CK
- B. Troponin
- C. AST
- D. LDH

136. Leucocyte alkaline phosphatase (LAP) score is high in all EXCEPT:

- A. Chronic myeloid leukemia
- B. Polycythemia vera
- C. After steroid administration
- D. Leukemoid reaction

137. Which ONE of the following is NOT a cause of neutrophil leucocytosis?

- A. Myocardial infarction
- B. Trauma
- C. Asthma
- D. Corticosteroid therapy

138. Which ONE of these following statements is TRUE in haemophilia?

- A. Prothrombin time is prolonged
- B. Activated partial thromboplastin time (APTT) is prolonged
- C. Thrombin time is prolonged
- D. Bleeding time is prolonged

139. A suitable screening test should have the following characteristics EXCEPT:

- A. Low cost
- B. Low risk
- C. High specificity
- D. High sensitivity

140. Markers of cholestasis are:

- A. Total & conjugated serum bilirubin and bile acids are increased.
- B. ALP, 5'N and GGT activities are markedly increased.
- C. ALT and AST activities are either normal or increased
- D. All of the above.

141. Which of the following is true about HCV?

- A. Patients are often asymptomatic or have nonspecific symptoms such as fatigue, malaise, abdominal discomfort.
- B. There is no elevations of ALT or AST
- C. All asymptomatic patients have normal liver enzymes
- D. All patients with positive hepatitis C antibody test have elevated liver enzymes

142. Regarding urea/creatinine ratio, all the following is true EXCEPT:

- A. Low ratio is found in acute tubular necrosis, severe liver failure and starvation.
- B. High ratio is found in pre-renal uremia and in post renal obstruction
- C. Normal ratio: 25:1-40:1
- D. High ratio must be accompanied by elevated creatinine

143. Reduced Thyroxine level is seen in all the following EXCEPT:

- A. Primary hypothyroidism
- B. Iodine deficiency
- C. High doses of glucocorticoids
- D. Active thyroiditis

144. Laboratory findings associated with hyperglycemia include:

- A. Increased urine and serum osmolality
- B. Decreased blood and urine pH
- C. Electrolyte imbalance
- D. All of the above

145. Screening of HCV is done by:

- A. ELISA (enzyme linked Immunosorbent assay)
- B. Liver transaminases
- C. Liver biopsy
- D. PCR

146. The specific diagnostic test for RA is:

- A. Positive latex agglutination test
- B. High ESR
- C. Rose Waaler Test
- D. Normal complement level

147. Common pathogens for bacterial diarrhea are:

- A. Campylobacter
- B. Salmonella
- C. Shigella
- D. All of the above

148. Which of the following test is diagnostic of typhoid fever in the first week:

- A. Widal test
- B. Complete blood picture
- C. Urine culture
- D. Blood culture

149. Platelet dysfunction is seen in the following conditions:

- A. Aspirin therapy
- B. Hypergammaglobulinemia
- C. Uremia
- D. All of the above

150. Regarding fresh frozen plasma transfusion, the following is true:

- A. It contains all coagulation factors, albumin and immunoglobulins
- B. It can be used regardless of ABO compatibility
- C. It can be used as a volume expander
- D. It can be used for nutritional purposes in hypoalbuminemia

GOOD LUCK



Department of Internal Medicine

May 2014

Faculty of Medicine

Time allowed: 2 1/2 hours

Cairo University

Total marks : 130

Sixth Year Internal Medicine Exam (MBBch)

Paper 1

All Questions are to be answered

Question I

Enumerate causes of

- a- Acute paraplegia (5 marks)
- b- Shock (5 marks)
- c- Recurrent fever with jaundice (5 marks)
- d- Acute renal failure (5 marks)

Question II

Discuss diagnostic criteria of

- a- Diabetic ketoacidosis (5 marks)
- b- Systemic Lupus Erythematosus (5 marks)
- c- Infective endocarditis (5 marks)
- d- Pulmonary embolism (5 marks)

Question III

Outline treatment of

- a- Migraine (5 marks)
- b- Hepatitis C virus infection (5 marks)
- c- Acute pulmonary oedema (5 marks)
- d- Hypoglycemia (5 marks)

Question IV

Discuss complications of

- a- Portal hypertension (5 marks)
- b- Nephrotic syndrome (5 marks)
- c- Inflammatory bowel disease (5 marks)
- d- Sickle cell anaemia (5 marks)

Question V

Discuss risk factors of

- a- Coronary artery disease (4 marks)
- b- Osteoporosis (3 marks)
- c- HIV infection (3 marks)

Question VI

Describe the clinical features of

- a- Sarcoidosis (5 marks)
- b- Acromegaly (5 marks)

Question VII

Describe laboratory findings in

- a- Iron deficiency anaemia (5 marks)
- b- malabsorption syndrome (5 marks)

Question VIII

Explain the pathogenesis of

- a- Gastro-Eosophageal Reflux (5 marks)
- b- X-linked inheritance (5 marks)

Question IX

Describe management of

- a- Status epilepticus (5 marks)
- b- A case with severe bronchial asthma (5 marks)

GOOD LUCK



Faculty of Medicine
Department of Psychiatry

Sixth Year Final Psychiatry Exam

May, 31st 2014

Answer Four questions Only: (5 marks each)

1. A 32 year old female is presented to the emergency room (ER) for the fifth time in a week. She complains of severe chest pains, difficulty of breathing, tremors, sweating and feeling that she is dying. All her investigations (including ECG) were normal, however she refused to leave the hospital.
 - a. What is the possible psychiatric diagnosis? (2 marks)
 - b. Describe lines of management of this case. (3 marks)
2. Mrs. M is a 41 year old woman who has been increasingly sad in the past six weeks. She wakes up at 3 AM every morning and cannot fall asleep again. She is always exhausted and has difficulty focusing on any given task. Mrs. M has lost some weight and she doesn't feel like eating. She has lost interest in meeting people, in her job and often thinks her family would be better off if she were dead.
 - a. What is the possible psychiatric diagnosis? (1 marks)
 - b. list four symptoms from the case above. (4 marks)
3. Discuss delirium (signs, causes and management). (5 marks)
4. Discuss Neuroleptic Malignant Syndrome (NMS) (signs, cause and management). (5 marks)
5. Enumerate five symptoms of a manic episode. (5 marks)



Department of Internal Medicine

Faculty of Medicine

Cairo University

June 2014

Time allowed: 2 1/2 hours

Total marks : 120

Sixth Year Internal Medicine Exam (MBBch)

Paper 2

All Questions are to be answered (15 marks each)

1) A 45 year old man is presenting to the ED because of recurrent vomiting of fresh blood. He also passes black tarry stools since 2 days. On examination he looked pale, mildly jaundiced. His pulse 80/min regular, BP 120/80, temperature 37.2° and his respiratory rate 18/min. On abdominal examination he has a 4 finger enlarged spleen and his liver was not felt. There is no ascites.

a) What important questions would you like to ask this patient in relation to his presentation?
(3 marks)

b) What is your diagnosis/ differential diagnosis. (3 marks)

c) How are you going to investigate this patient? (4 marks)

d) Outline treatment options for such a patient. (5 marks)

2) A 55 year-old man is presenting to the ED with severe retrosternal and epigastric pain that started 6 hours ago. He is known to have hypertension, type 2 diabetes mellitus and coronary heart disease and is receiving metformin 1000mg/day, amlodipine 10mg/day, captopril 25 mg BID and aspirin 81mg/day. He used omeprazole for pain without relief of his symptoms. On examination he was overweight BMI 30, looked anxious, pulse 110/min, BP 140/100 sitting, temperature 37.5°C and respiratory rate 24/minute. Cardiac examination revealed no evidence of cardiac enlargement. Auscultation revealed accentuated S2 over aortic area and audible S4 over the apex. Chest, abdomen and nervous system examination were free.

- a) What is your diagnosis? (3 marks)
- b) List important relevant history questions you need to ask the patient and why? (4 marks)
- c) How are you going to manage this patient? (8 marks)

3) a 60 year old man is seeking your advice regarding long history of cough and phlegm (about half a cup per day not related to posture). He noticed lately, shortness of breath and chest wheezing on doing ordinary effort. He has received several cough remedies and salbutamol inhaler with only partial relief of his symptoms. He used to smoke 20 cigarettes/day for 35 years. On Examination he was mildly tachypneic with respiratory rate 25/min, pulse 80/min regular, BP 130/80 and temperature 37.2°C . His chest revealed increased antero-posterior diameter, hyper-resonance and scattered expiratory sibilant ronchi all-over the chest. Cardiac, abdominal and nervous system examination were normal.

- a) What is your provisional diagnosis? (3 marks)
- b) How are you going to investigate him? (5 marks)
- c) Outline your management plan for this patient. (7 marks)

4) A 65 year-old man is presenting with fatigue, anorexia and generalized lymphadenopathy. He admits to had recurrent pneumonias on 4 occasions over the last year. On examination he has a 4 fingers enlarged spleen. His blood count revealed Hb 11 gm/dl, WBCs 50 000/cmm (90% lymphocytes) and platelets 200 000/cmm.

- a) What is your most likely diagnosis? (3 marks)
- b) How are you going to prove the diagnosis? (5 marks)
- c) Why would the patient have recurrent pneumonias? (2 marks)

Two days ago the patient developed sudden fever, pallor and jaundice.

- d) How would you explain and investigate the event? (5 marks)

5) a 44 year-old woman is presenting to the outpatient because her fingers began to feel puffy and tight. She has noted loss of grip strength over the last 4 months and now cannot fully extend her hands. Over the last 10 years she experienced colour changes of her hands on exposure to cold. She also suffers heart burn specially on lying flat since she was in college and is using omeprazole to control it.

- a) What is your most likely diagnosis? (4 marks)
- b) How are you going to investigate this patient? (7 marks)
- c) Mention 4 complications of her condition. (4 marks)

6) A 44 year-old man is presenting with swelling in both lower limbs and morning puffiness since 3 months. He is known to have diabetes mellitus (type 2) and is receiving metformin 1000 mg/day. He noticed diminution of vision in his right eye since 3 days. On examination his pulse is 70/min regular, BP 160/105, temperature 37°C and respiratory rate 16/min. His examination was remarkable only for bilateral pitting oedema of the lower limbs, puffy eye lids and audible S4 over the apex. No cardiomegaly. Chest and abdominal examinations were normal. Neurological examination revealed diminished ankle jerks, stockings and glove hypoaesthesia.

- a) What is your suggested diagnosis? (3 marks)
- b) Explain each of the physical signs mentioned (3 marks)
- c) How are you going to investigate this patient? (4 marks)
- d) Outline your treatment plan for this patient (5 marks)

7) A 40-year old female secretary is brought to the ED in an acute confusional state. Four hours earlier while at work she developed sudden severe headache and nausea. She denied history of recent illness, migraine or head trauma. She used two aspirin pills without relief of her headache. She became more nauseated and vomited a few times before her consciousness became more cloudy. On examination she was drowsy, with marked neck rigidity, positive Kernig's and Brudzinski's signs. Her pulse was 80/min regular, BP 130/80 mmHg, temperature 37°C and respiratory rate 18/min. Blood chemistry, coagulation profile were normal.

- a) What is your most likely diagnosis? (3 marks)
- b) What other differential diagnosis you must consider? (3 marks)
- c) How are you going to investigate this patient? (4 marks)
- d) How are you going to manage this patient? (5 marks)

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8) A 24 year-old student is presenting with a 2 days fever, chills, sore throat, dry cough and severe body aches. He has just returned from a short visit (Omra) to Saudi Arabia. He has received paracetamol and started amoxicillin/clavulonate 1gm BID without improvement. His examination was unremarkable except for fever 40 °C and congested throat. Chest, heart and abdomen examination were normal.

- a) What is your most likely diagnosis? (3 marks)
- b) How are you going to manage this patient? (6 marks)
- c) What are the possible complications of this condition? (3 marks)
- c) Who are at high risk of these complications? (3 marks)

GOOD LUCK



**FACULTY OF MEDICINE
CAIRO UNIVERSITY**

**Tuesday, 3rd June 2014
Time allowed: 15 minutes**

**FINAL M.B.Bch. EXAM (New System)
DERMATOLOGY (15 marks; 1 mark each)**

**All questions are to be attempted
Choose only ONE correct answer**

- 1) **Squamous cells are found in the**
 - a. Epidermis.
 - b. Dermis.
 - c. Hypodermis.
 - d. Blood vessels.
 - e. Connective tissue.
- 2) **All of the following lesions may be seen in acne vulgaris EXCEPT**
 - a. Vesicles.
 - b. Nodules. ✓
 - c. Pustules.
 - d. Scars.
 - e. Papules.
- 3) **Cicatricial alopecia occurs in the following disease**
 - a. Tinea circinata.
 - b. Psoriasis vulgaris.
 - c. Systemic lupus erythematosus.
 - d. Scaly ringworm.
 - e. Favus.
- 4) **Primary lesion of psoriasis is**
 - a. Red macule covered with non adherent silvery white scales.
 - b. Red papule covered with adherent white scales.
 - c. Red papule covered with non-adherent silvery white scales.
 - d. Red macule covered with white adherent scales.
 - e. Red papule with vesicles, crusts and white scales.

5) Tinea versicolor may be treated by all of the following EXCEPT

- a. Ketoconazole.
- b. Griseofulvin.
- c. Selenium sulphide.
- d. Whitfield's ointment.
- e. Zinc pyrithione.

6) The differential diagnosis of "Herald patch" on the trunk is

- a. Tinea capitis.
- b. Tinea circinata.
- c. Pityriasis versicolor.
- d. Tinea mannum.
- e. Tinea pedis.

7) All of the following about lepromin test is true EXCEPT

- a. It is used to classify leprosy.
- b. It is a prognostic test.
- c. It is a specific test.
- d. It is a non-diagnostic test.
- e. It depends on the immune status of the patient.

8) Erysipelas is a

- a. Streptococcal infection of the epidermis.
- b. Staphylococcal infection of the subcutaneous tissue. †
- c. Streptococcal infection of the hair follicles. †
- d. Streptococcal infection of the dermis.
- e. Staphylococcal infection of the sweat ducts. †

9) Wood's light helps in the diagnosis of

- a. Tinea circinata.
- b. Impetigo contagiosum.
- c. Erythrasma.
- d. Erysipelas.
- e. Condyloma acuminata.

10) The following disease is contagious

- a. Pityriasis rosea.
- b. Urticaria.
- c. Scabies.
- d. Vitiligo.
- e. Acne.

11) Herpes simplex

- a. Is strictly unilateral.
- b. Is a bacterial infection.
- c. Is not recurrent.
- d. One attack provides permanent immunity.
- e. Is genital & non genital.

12) A wheal is

- a. A secondary lesion.
- b. Permanent.
- c. An edematous lesion.
- d. The primary lesion of acne.
- e. A vesicular lesion.

13) The following may be used in the treatment of vitiligo

- a. Radiotherapy.
- b. Electrocautery.
- c. Cryocautery.
- d. Phototherapy.
- e. Physiotherapy.

14) Mucous membranes are affected in all of the following EXCEPT

- a. Papular urticaria.
- b. Lichen planus.
- c. Chicken pox.
- d. Leprosy.
- e. Warts.

15) In acute eczema, all of the following occurs EXCEPT

- a. Erythema. ✓
- b. Oozing. ✓
- c. Lichenification.
- d. Vesicles. ✓
- e. Crusting.



**FACULTY OF MEDICINE
CAIRO UNIVERSITY**



**Tuesday, 3rd June 2014
Time allowed: 15 minutes**

**FINAL EXAM
Andrology
Exam A**

1. The most common adverse event of intracavernosal injections is:
 - A. Priapism
 - B. Haematoma
 - C. Oedema
 - D. Drop of blood pressure
 - E. Pain
 - F. Allergic reaction

2. Which is the most reliable examination for the diagnosis of syphilitic chancre?
 - A. Dark-field examination
 - B. Culture from genital ulcer material
 - C. PRL & VDRL
 - D. FTA abs & TPHA

3. Which of the factors below contribute to the emergence of erectile dysfunction?
 - A. Depression and unemployment
 - B. Hypertension and heart diseases
 - C. Diabetes
 - D. All the above

4. Which hormonal factor is not required in order to assess erectile dysfunction?

- A. ACTH
- B. Prolactin
- C. TSH
- D. Testosterone

5. The glans penis is the expanded distal end of the:

- A. Corpora cavernosum
- B. Tunica albugenia
- C. Corpus spongiosum
- D. Urethra

6. Cryopreservation of spermatozoa means:

- A. Preservation of spermatozoa at -80°C
- B. Preservation of spermatozoa at -120°C
- C. Preservation of spermatozoa at -196°C
- D. Preservation of spermatozoa at -0°C

7. Which of the following statements is incorrect regarding testicular cancer?

- A. LDH, alpha fetoprotein and β -hCG maybe elevated
- B. Trans-scrotal biopsy is done to confirm diagnosis
- C. Seminoma and teratoma are the most common types
- D. Metastasize to para-aortic LNs
- E. Inguinal orchidectomy is the surgical treatment of choice

8. The following are testicular causes of infertility, *except*:

- A. Klinefelter syndrome ✓
- B. Mumps orchitis
- C. Testicular torsion ✓
- D. Hypogonadotropic hypogonadism
- E. Exposure to chemotherapy ✓

9. The following are causes of psychogenic erectile dysfunction, *except*:

- A. Anxiety
- B. Depression
- C. Homosexuality
- D. Leriche syndrome

10. In asymptomatic HIV infection the CD4 count is above:

- A. 500 cells/mm³
- B. 200 cells/mm³
- C. 100 cells/mm³
- D. 50 cells/mm³

11. A single 24 years old male complaining of occasional urethral discharge that may follow urination, defecation and sometimes straining. The patient denies any sexual relation. Urethral swab for gram stain and culture for Gonorrhea were negative. The most probable cause is;

- A. Premature ejaculation
- B. Herpes progenitalis.
- C. Prosemen due to sexual excitation.
- D. Physiological prostatorrhea.
- E. Chlamydia uretheritis.

12. The following procedures can be used for the management of ischemic priapism, *Except*

- A. Aspiration of cavernous blood
- B. Aspiration and irrigation with saline
- C. Intra-corporal injection of ephidrene
- D. Shunt operation
- E. Intra-corporal injection of atropine

13. The following conditions could achieve fertility by ICSI, *except*:

- A. Persistent oligozoospermia
- B. Anorchia
- C. Teratozoospermia
- D. Azoospermia
- E. Persistent athenozoospermia

14. Regarding testicular torsion the appropriate time for the start of intervention should be

- A. From 12 to 24 hours.
- B. Within 1 week.
- C. Within 1 hour (once detected).
- D. From 48 to 72 hours.
- E. From 24 to 48 hours.

15. Regarding ischemic priapism the appropriate time for the start of intervention is:

- A. From 24 to 48 hours
- B. From 12 to 24 hours.
- C. Less than 6 hours.
- D. From 48 to 72 hours.
- E. Within 1 week.



Department of Internal Medicine

June, 2014

Faculty of Medicine, Cairo University

Time allowed : 3 hours

6th year Final Examination

Paper 3

Multiple Choice Questions

All questions are to be answered

Choose one answer only per question

1- Finger clubbing is a typical finding in all except:

- a- Chronic bronchitis
- b- Bronchiectasis
- c- Primary biliary cirrhosis
- d- Cryptogenic fibrosing alveolitis

2- Typical findings in a large right pleural effusion are all except:

- a- Diminished chest expansion
- b- Tracheal shift to the right
- c- Stony dullness on the right
- d- Increased vocal resonance

3- In normal adult lungs:

- a- The transverse fissure separates the right middle lobe from the right lower lobe
- b- The left main bronchus is more vertical than the right
- c- The oblique fissure extends from the thoracic vertebral level T3
- d- Pulmonary surfactant is secreted by type 1 pneumocytes

4- Increased ventilatory rate is associated in all except:

- a- Lactic acidosis
- b- Exercise
- c- Fever
- d- Decreased arterial PaCO₂

5- The following are recognized causes of haemoptysis except:

- a- Tuberculosis
- b- Chronic Obstructive Pulmonary Disease
- c- Bronchiectasis
- d- Mitral Stenosis

6- Bronchial breathing is a recognized feature of:

- a- Bronchial asthma
- b- COPD
- c- Pneumonia
- d- Interstitial pulmonary fibrosis

7- The following drugs can be given by inhalation except:

- a- salbutamol
- b- Ipratropium
- c- Montelukast
- d- Corticosteroids

8- Typical features of primary tuberculosis include:

- a- a sustained pyrexial illness
- b- Bilateral hilar lymphadenopathy on chest X ray
- c- Erythema nodosum
- d- Pleural effusion with a negative tuberculin test

9- The following are causes of an elevated hemidiaphragm except:

- a- recurrent laryngeal nerve paralysis
- b- surgical lobectomy
- c- sub-phrenic abscess
- d- diaphragmatic paralysis

10- In a patient with a symptomatic pleural effusion:

- a- physical signs in the chest are rarely present
- b- Tuberculosis can be excluded if the chest X-ray is otherwise normal
- c- Lymphocytosis in the pleural fluid is pathognomonic of pleural tuberculosis
- d- Milky pleural fluid suggests thoracic duct obstruction

11- Recognized features of pulmonary infarction include:

- a- peripheral blood leucocytosis and fever
- b- pleuropericardial friction rub
- c- blood stained pleural effusion
- d- all of the above

12- Non-metastatic manifestations of bronchial carcinoma include:

- a- cerebellar degeneration
- b- myasthenia
- c- dermatomyositis
- d- all of the above

13- severity of bronchial asthma can be judged by all except:

- a- tachypnea $>30/\text{min}$
- b- cyanosis
- c- intensity of the wheeze
- d- pulsus paradoxus

14- Bronchial asthma is characterized by all except:

- a- reversible airway obstruction
- b- airway hyperresponsiveness
- c- airway inflammation
- d- alveolar destruction

15- The following are considered the best asthma controllers:

- a- Inhaled corticosteroids
- b- Short acting bronchodilators
- c- Anti-cholinergic agents
- d- Cromone derivatives

16- Pulsus paradoxus occur in:

- a- severe heart failure
- b- Acute myocardial infarction
- c- constrictive pericarditis
- d- Aortic stenosis

17- Secondary Diabetes mellitus is associated with:

- a- thiazide diuretics
- b- Haemochromatosis
- c- Pancreatic carcinoma
- d- all of the above

18- the physiologic effects of insulin include all except:

- a- increased glycolysis
- b- decreased glycogenolysis
- c- increased lipolysis
- d- decreased gluconeogenesis

19- The typical clinical features of diabetic ketoacidosis include all except:

- a- abdominal pain and air hunger
- b- rapid weak pulse and hypotension
- c- profuse sweating and oliguria
- d- vomiting and constipation

20- The clinical features of the Metabolic syndrome include all except:

- a- Hyperuricemia
- b- Hypertriglyceridemia
- c- Hypertension
- d- peripheral obesity

21- Influenza is caused by:

- a- Influenza virus
- b- Rhinovirus
- c- Haemophilus Influenzae
- d- all of the above

22- Gynaecomastia may be observed in all of the following except:

- a- Digitalis therapy
- b- Aldactone therapy
- c- Liver cirrhosis
- d- Cushing syndrome

23- In the treatment of thyrotoxic crisis, all of the following drugs can be used except:

- a- Hydrocortisone
- b- Propranolol
- c- Iodine
- d- Salbutamol

24- The usual number of parathyroid gland is:

- a- One
- b- Two
- c- Four
- d- Eight

25- All of the following are features of Cushing's syndrome except:

- a- Peripheral obesity
- b- Muscle wasting
- c- Hypertension
- d- Striae rubra

26- Hyperaldosteronism causes:

- a- Hyperkalemia
- b- Hyponatremia
- c- Decreased water absorption
- d- Hypokalemia

27- Myxoedema can cause all of the following except:

- a- Diastolic hypertension
- b- Brisk ankle jerk
- c- loss of hair in the outer eye brows
- d- Pericardial effusion

28- Weight gain is seen in all of the following except:

- a- Pheochromocytoma
- b- Hypothyroidism
- c- Cushing's syndrome
- d- Hypersecretion of insulin

29- In non-ketotic hyperosmolar coma, the blood sugar level is:

- a- slightly elevated
- b- Mildly elevated
- c- Moderately elevated
- d- Grossly elevated

30- Hyperpigmentation of the skin is not seen in:

- a- Addison's disease
- b- Grave's disease
- c- Haemochromatosis
- d- Hypothyroidism

31- In hyperparathyroidism which of the following is correct:

- a- low serum calcium low phosphorus
- b- high serum calcium low phosphorus
- c- high serum calcium high phosphorus
- d- Non of the above

32- Side effects of corticosteroid therapy include all except:

- a- Puffiness of the eye lids
- b- Trunkal obesity
- c- Osteoporosis
- d- Acne

33- Endocrine causes of hypertension include all except:

- a- Acromegaly
- b- Addison's disease
- c- Conn's syndrome
- d- Hypothyroidism

34- Horner's syndrome is characterized by all except:

- a- Ptosis
- b- dilated pupils
- c- Anhydrosis
- d- Enophthalmus

35- Hypothermia can be seen in:

- a- Hyperthyroidism
- b- Myxoedema
- c- Hyperparathyroidism
- d- Goitre with euthyroid status

36- Bell's palsy is due to:

- a- A lesion in the geniculate ganglion
- b- Pressure and oedema in the facial canal
- c- Cerebellopontine angle tumour
- d- Medullary infarction

37- The commonest site of lesion in hemiplegia is:

- a- Frontal lobe
- b- Internal capsule
- c- Cerebellum
- d- Spinal cord

38- Subacute combined degeneration of the cord is characterized by all except:

- a- peripheral neuropathy
- b- Lost deep sensations
- c- Pyramidal nerve affection
- e- Cerebellar ataxia

39- Wernicke's encephalopathy is due to deficiency of vitamin:

- a- B1
- b- B2
- c- B6
- d- B12

40- Best investigation for spontaneous subarachnoid haemorrhage is:

- a- CT scan
- b- Angiography
- c- Pneumoencephalogram
- d- Ultrasound

41- In lower motor neurone lesion diseases there is:

- a- Spastic paralysis
- b- Wasting of the muscles in long standing cases
- c- Exaggerated tendon reflexes
- d- Absence of fasciculations

42- Which of the following occur with diabetic neuropathy:

- a- Acute mononeuropathy
- b- Asymptomatic mononeuropathy multiplex
- c- Secondary polyneuropathy
- d- All of the above

43- Which of the following is not true about acromegaly:

- a- Homonymous hemianopia is the most important visual complication.
- b- Characteristic enlargement of the frontal sinus
- c- Galactorrhoea may be a presenting feature
- d- Increased resistance to insulin

44- Earliest sensation lost in diabetics is:

- a- Pain
- b- Temperature
- c- Vibration
- d- Touch

45- Systolic murmur conducted from the apex to the axilla is seen in:

- a- Mitral regurgitation
- b- VSD
- c- Tricuspid regurge
- d- Mitral valve prolapse

46- Wide fixed splitting of S2 occur in:

- a- Pulmonary hypertension
- b- Pulmonary stenosis
- c- ASD
- d- VSD

47- Carey Coomb's murmur heard in a child with multiple joint pains is suggestive of:

- a- Rheumatoid arthritis
- b- Rheumatic fever
- c- Infective endocarditis
- d- Mitral valve prolapse

48- Severity of blood pressure is graded mainly by:

- a- Systolic BP
- b- Diastolic BP
- c- Pulse pressure
- d- Response to treatment

49- Murmur that increases on inspiration is:

- a- Mitral valve murmur
- b- Aortic valve murmur
- c- Tricuspid valve murmur
- d- VSD murmur

50- Major criteria to diagnose rheumatic fever include all except:

- a- Arthritis
- b- Carditis
- c- Erythema marginatum
- d- Erythema multiforme

51- Inferior myocardial infarction express a Q wave in:

- a- leads I and aVL
- b- Leads II, III and aVF
- c- Leads V1, V2 and V3
- d- Transoesophageal leads

52-Pulsus alternans occur with:

- a- Heart failure
- b- Digitalis toxicity
- c- Aortic stenosis
- d- Pulmonary embolism

53- Tall Twaves in ECG is seen in:

- a- Hyperkalemia
- b- Hybernatriemia
- c- Hypokalemia
- d- Hypocalcemia

54- Bruit is a sound heard over:

- a- Artery
- b- Vein
- c- Valve
- d- capillaries

55- The following is true regarding opening snap:

- a- It is a high-pitched diastolic sound
- b- It is due to opening of stenosed aortic valve
- c- It indicates pulmonary arterial hypertension
- d- It precedes the aortic component of the second heart sound

56- Hepatomegaly with liver pulsations indicate:

- a- Mitral regurge
- b- Tricuspid regurge
- c- Mitral stenosis
- d- Pulmonary hypertension

57- All of the following are seen in cardiac tamponade except:

- a- Pulsus paradoxus
- b- Low voltage QRS complexes in ECG
- c- Increased neck vein distension during inspiration
- d- Normal JVP with slow y descent

58- The risk of developing infective endocarditis is least in patients with:

- a- Mitral stenosis
- b- Mitral regurge
- c- Aortic regurge
- d- small VSD

59- Most common symptom of primary biliary cirrhosis is

- a- Pruritis
- b- Vomiting
- c- Diarrhea
- d- All of the above

60- Complications of portal hypertension Include all except:

- a- Hepatomegaly
- b- Splenomegaly
- c- Portosystemic encephalopathy
- d- Oesophageal varices

61- All are true regarding duodenal ulcer except:

- a- Causes epigastric pain
- b- Well marked periodicity
- c- Pain occur 2 hours after meal
- d- Vomiting is considered the main feature

62- Very large spleen can be found in all except:

- a- Bilharzial liver disease
- b- Chronic myeloid leukemia
- c- Sickle cell anaemia
- d- Thalassaemia major

63- The concentration of conjugated bilirubin in the

- a- serum in haemolytic anaemia is typically increased
- b- serum in obstructive jaundice is reduced
- c- urine of healthy subjects is typically undetectable
- d- serum normally constitute most of the total serum bilirubin

64- Extra-hepatic cholestasis is caused by:

- a- Primary sclerosing cholangitis
- b- Primary biliary cirrhosis
- c- Stone in the common bile duct
- d- Alcoholic cirrhosis

65- Characteristic features of cholestatic jaundice include all except:

- a- Dark green stools
- b- Dark brown urine
- c- Conjugated hyperbilirubinaemia
- d- Increased serum alkaline phosphatase concentrations

66- Hepatic pre-coma is manifested by all except:

- a- Respiratory alkalosis
- b- Elevated blood ammonia
- c- Flapping tremors
- d- Anxiety and increased activity

67- Jaundice is clinically detected in the sclera when the serum bilirubin exceeds:

- a- 1 mg/dl
- b- 2 mg/dl
- c- 3 mg/dl
- d- 5 mg/dl

68- In liver cirrhosis which of the following suggests the development of hepatoma:

- a- Splenomegaly
- b- Haematemesis
- c- Bruit over the liver
- d- Haemorrhoids

69- Ketone bodies in urine can be seen in:

- a- Diabetes insipidus
- b- Starvation
- c- Thyrotoxicosis
- d- Addison's disease

70- In differentiating liver cirrhosis from constrictive pericarditis, a useful sign is:

- a- Ascites
- b- Pitting oedema in the lower limbs
- c- Congested neck veins
- d- Hepatomegaly

71- In liver cirrhosis, hepatic encephalopathy can be precipitated by all except:

- a- Excess protein restriction
- b- Gastro-intestinal bleeding
- c- Excess thiazide diuretics
- d- Barbiturates

72- Chronic hepatitis is caused by all except:

- a- Hepatitis A
- b- Hepatitis B
- c- Hepatitis C
- d- Methyl dopa

73- Diarrhea may be a feature of :

- a- Carcinoid syndrome
- b- Diabetic autonomic neuropathy
- c- Thyrotoxicosis
- d- All of the above

74- Hypochromic anaemia occur in all except:

- a- Iron deficiency anaemia
- b- Thalassemia major
- c- Sideroblastic anaemia
- d- Pernicious anaemia

74- In thalassemia not seen is:

- a- Increased fetal haemoglobin
- b- Reduced iron levels
- c- Target cells
- d- Hb A2 normal or raised

75- Neutropenia can be the feature of following except:

- a- Acute lymphocytic leukemia
- b- Typhoid fever
- c- Felty's syndrome
- d- Polycythemia vera

76- Haemolytic anaemias are usually associated with all except:

- a- Increased urobilinogen
- b- Erythroid hypoplasia of the marrow
- c- Increased reticulocytes
- d- Decreased red cell survival

77- Increased serum iron and decreased iron binding capacity is found in:

- a- Iron deficiency anaemia
- b- Thalassaemia
- c- Sideroblastic anaemia
- d- anaemia of chronic disease

78- Normal red cell survival time is:

- a- 10 days
- b- 40 days
- c- 60 days
- d- 120 days

79- HbA1c is:

- a- A mutant of haemoglobin
- b- Absent in 10% of normal people
- c- Is the result of enzymatic degradation of glucose
- d- Indicates levels of glucose in the blood

80- All of the following are features of polycythemia rubra vera except:

- a- Increased red cell mass
- b- ^{Reduced} ~~Normal~~ arterial oxygen saturation
- c- High leucocyte alkaline phosphatase score
- d- Splenomegaly

81- The following are myeloproliferative disorders except:

- a- Chronic lymphocytic leukaemia
- b- Chronic myeloid leukemia
- c- Polycythemia rubra vera
- d- Myelofibrosis

82- Eosinophilia is seen in all except:

- a- Parasitic infestations
- b- Allergic disorders
- c- Hodgkin's disease
- d- Corticosteroid therapy

83- Diagnosis of beta thalassemia is established by:

- a- Plasma protein electrophoresis
- b- Haemoglobin electrophoresis
- c- HbA1c estimation
- d- Target cells in peripheral smear

84- Causes of follic acid deficiency are all except:

- a- Pregnancy
- b- Gluten enteropathy
- c- Haemolytic anaemia
- d- Antibiotic therapy

85- Bleeding time is characteristically prolonged in:

- a- Ascorbic acid deficiency
- b- Thrombocytopenia
- c- Haemophilia
- d- Warfarin therapy

86- The typical features of autoimmune haemolytic anaemia include all except:

- a- Positive Coomb's test
- b- Increased serum haptoglobin concentration
- c- Fever with haemoglobinuria and haemosiderinuria
- d- Association with lymphoproliferative disease

87- Characteristic features of acute leukemia include all except:

- a- Rapid onset of fever and anaemia
- b- Mouth ulceration and gingival hypertrophy
- c- Myalgia, arthralgia and skin rashes
- d- Microcytic anaemia and leucopenia

88- The following are features of haemolytic anaemia except:

- a- Reticulocytosis
- b- Conjugated hyperbilirubinaemia
- c- Raised serum lactic dehydrogenase (LDH)
- d- Erythroid hyperplasia in the bone marrow

89- Drugs that should not be given in patients with G6PD deficiency are:

- a- Chloroquin
- b- Sulphonamides
- c- Aspirin
- d- All of the above

90- The following are features of aplastic anaemia except:

- a- Pallor, bleeding and infection
- b- Pancytopenia
- c- Reticulocytosis
- d- Hypocellular bone marrow

91- All are true in acute renal failure except:

- a- Increased urea concentration in the blood
- b- Increased hydrogen concentration in the blood
- c- Increased calcium concentration in the blood
- d- Increased potassium concentration in the blood

92- Beta blockers are indicated in all except

- a- Congestive heart failure
- b- Angina pectoris
- c- Hypertension
- d- Hyperthyroidis

93- Iron deficiency anaemia is characterized by all except:

- a- Decreased serum Iron
- b- Hypochromia
- c- Decreased iron binding capacity
- d- Decreased serum ferritin

94- Atopy is associated with increased production of:

- a- IgA
- b- IgG
- c- IgM
- d- IgE

95- Oliguria is:

- a- <50ml urine/24 hours
- b- <100ml urine/24 hours
- c- <200ml urine/24 hours
- d- <400ml urine/24 hours

96- Fatty casts in urine is found in:

- a- Nephrotic syndrome
- b- Acute glomerulonephritis
- c- Acute renal failure
- d- Chronic glomerulonephritis

97- Radiolucent stones is found in stones composed of:

- a- Magnesium ammonium phosphate
- b- Cystine
- c- Uric acid
- d- Calcium oxalate

98- Complete anuria is found in:

- a- Diffuse cortical necrosis
- b- Acute gastro-enteritis
- c- Acute renal failure
- d- Chronic glomerulonephritis

99- All of the following are emergency causes of chest pain except:

- a- Acute myocardial infarction
- b- Pulmonary embolism
- c- Dissecting aortic aneurysm
- d- Reflux oesophagitis

100- Typical features of acute post-streptococcal glomerulonephritis are all except:

- a- Oliguria
- b- Haematuria
- c- Hypertension
- d- Impaired renal tubular function

101- Blood urea increases only when renal functions falls by:

- a- 80%
- b- 70%
- c- 50%
- d- 30%

102- Bence-Jones proteinuria occur in:

- a- Chronic glomerulonephritis
- b- Chronic pyelonephritis
- c- Hyperparathyroidism
- d- Multiple myeloma

103- The following are causes of haematuria :

- a- Renal tuberculosis
- b- Hypernephroma
- c- Acute glomerulonephritis
- d- All of the above

104- The ^{follow in} recognised complications of thiazide diuretics except:

- a- Hyperuricemia
- b- Hyperglycemia
- c- Hyperkalemia
- d- Hypercalcemia

105- The drug which prevents uric acid synthesis by inhibiting the enzyme xanthine oxidase is:

- a- Aspirin
- b- Phenlbutasone
- c- Allopurinol
- d- Colchicine

106- Joint involvement is characteristically symmetrical in:

- a- Rheumatic fever
- b- Rheumatoid Arthritis
- c- Gout
- d- Osteoarthritis

107- Wrong about gout is:

- a- 1st metatarsophalangeal joint involved
- b- Joint pain
- c- Calcium pyrophosphate crystals in joint
- d- Nephritis

108- Systemic lupus Erythematosus occur most commonly in:

- a- Children
- b- Women of child bearing age
- c- Elderly men
- d- Elderly women

109- The following are features of Behcet disease except:

- a- Orogenital ulcers
- b- Raynaud's phenomenon
- c- Uveitis
- d- Pustules in the skin in response to needle pricking

110- The following is transmitted via pork ingestion:

- a- *Tenia saginata*
- b- *Trichinella spiralis*
- c- *Ascaris lumbricoides*
- d- *Oxyuris*

111- Lesion most typical of rheumatoid arthritis is:

- a- Erythema multiforme
- b- Erythema nodosum
- c- Erythema marginatum
- d- Subcutaneous nodules

112- Seronegative arthritis include :

- a- Ankylosing spondylitis
- b- Reiter's arthritis
- c- Enteropathic arthritis
- d- All of the above

113- Obesity is not seen in:

- a- Hypothyroidism
- b- Cushing syndrome
- c- Hypogonadism
- d- Pheochromocytoma

114- Test used in the diagnosis of Infectious Mononucleosis is:

- a- Widal test
- b- Paul- Bunnell test
- c- Casoni test
- d- Frei's test

115- Legionella Infection affects mainly:

- | | |
|-------------|----------|
| a- Heart | b- Lungs |
| c- Kidney's | d- Brain |

116- Cysticercosis occur in:

- a- Larva of Taenia saginata
- b- Larva of Taenia solium
- c- Ovarian tumours
- d- Hydatid cyst

117- Aspergillosis is caused by:

- a- viral infection
- b- Bacterial infection
- c- Fungal infection
- d- Protozoal infection

118- The commonest cause of community acquired pneumonia is:

- a- Staphylococcus aureus
- b- Beta Haemolytic Streptococci
- c- Streptococcus pneumonia
- d- E. coli

119- Genital ulcers can occur in:

- a- Gonorrhea
- b- Reiter's disease
- c- Behcet's disease
- d- Grave's disease

120- In malaria the most severe course usually occur with:

- a- P. vivax
- b- P. ovale
- c- P. malariae
- d- P. falciparum

121- Migratory fleeting polyarthrits is classically associated with:

- a- Rheumatic fever
- b- Rheumatoid arthritis
- c- Septic arthritis
- d- Gout arthritis

122- Strawberry tongue occur commonly in:

- a- Typhoid fever
- b- Glandular fever
- c- Scarlet fever
- d- Black water fever

123- Complications of mumps include:

- a- Meningitis
- b- Epididymo-orchitis
- c- Pancreatitis
- d- All of the above

124-High volume double peaked pulse occur in:

- a- Aortic stenosis
- b- Double aortic lesion
- c- Mitral stenosis
- d- Acute myocardial infarction

125- Late inspiratory fine crackles occur in:

- a- Bronchiectasis
- b- Bronchial asthma
- c- Heart failure
- d- Pneumothorax

126- Cooley's anaemia is:

- a- Sickle cell anaemia
- b- Megaloblastic anaemia
- c- Thalassemia major
- d- Aplastic anaemia

127- Xanthelasmas are caused by :

- a- Increased Cholesterol
- b- Increased Calcium
- c- Increased Phosphates
- d- Increased Urates

128- Which vitamin deficiency is commonly seen in Crohn's disease:

- a- Vitamin A
- b- Vitamin D
- c- Vitamin B₁₂
- d- Folic acid

129- Vanillylmandelic acid (VMA) excretion is increased in urine in:

- a- Conn's syndrome
- b- Congenital adrenal hyperplasia
- c- Pheochromocytoma
- d- Atrial Myxoma

130- Romberg sign is present in:

- a- Cerebellar ataxia
- b- Sensory ataxia
- c- Otitis media
- d- Oculomotor nerve paralysis

Final Examination Internal Medicine (Paper III)
Clinical and Chemical Pathology

Choose Only ONE Correct Answer:

131. Which ONE of these statements is TRUE about reticulocytes?

- A. They contain DNA not RNA
- B. They are raised in megaloblastic anemia
- C. They are raised after hemorrhage
- D. They are raised 12 months after splenectomy

132. Spherocytes in the blood film are a feature of which ONE of the following?

- A. Thalassemia major
- B. Autoimmune hemolytic anemia
- C. Reticulocytosis
- D. G6PD deficiency

133. Which ONE of the following is a feature of a chronic extravascular haemolytic anaemia?

- A. Raised serum conjugated bilirubin
- B. Low reticulocyte count
- C. Hypocellular bone marrow
- D. Gallstones

134. Which of the following findings is expected in cases of liver cirrhosis:

- A. Prolongation of prothrombin time
- B. Low serum albumin
- C. AST/ALT ratio is more than 1
- D. all of the above

135. Which of the following markers may show increased levels 4 hours after an acute myocardial infarction?

- A. Total CK
- B. Troponin
- C. AST
- D. LDH

136. Which ONE of the following is TRUE about acute myeloid leukaemia?

- A. It is most common in children
- B. It is never caused by chemotherapy
- C. It is associated with more than 20% blast cells in the bone marrow
- D. Disseminated intravascular coagulation is not a presenting feature

137. Which of the following test is diagnostic of typhoid fever in the first week:

- A. Widal test
- B. Complete blood picture
- C. Urine culture
- D. Blood culture

138. All of the following statements about hepatitis B virus are true, EXCEPT:

- A. All hepatitis B virus carriers have antibodies to HBcAg
- B. Hepatitis B carriers with circulating HBeAg are more likely to suffer liver damage
- C. Passive immunization with hepatitis B immune globulin will prevent active disease
- D. Active immunization with cloned HBcAg appears to be very effective in preventing disease

139. A suitable screening test should have the following characteristics EXCEPT:

- A. Low cost
- B. Low risk
- C. High specificity
- D. High sensitivity

140 Which ONE of these statements concerning platelets is NOT TRUE?

- A. They extrude their nucleus as they pass through the spleen
- B. The megakaryocyte matures by endomitotic replication
- C. Thrombopoietin is the major regulator of platelet production and is produced by the liver and kidneys.
- D. Platelet lifespan is 7-10 days

141. . Common pathogens for bacterial diarrhea are:

- A.. Salmonella
- B. Shigella
- C. E.coli
- D. All of the above

142. Rejection criteria for urine culture sample include the following:

- A. 24- hour urine collection
- B. Specimen collected from over 2 hours
- C. Sample collected from the bag of a catheterized patient
- D. All of the above

143. Reduced Thyroxine level is seen in all the following EXCEPT:

- A. Primary hypothyroidism
- B. Iodine deficiency
- C. High doses of glucocorticoids
- D. Active thyroiditis

144. Laboratory findings associated with hyperglycemia include:

- A. Increased urine and serum osmolality
- B. Decreased blood and urine pH
- C. Electrolyte imbalance
- D. All of the above

145. Screening of HCV is done by:

- A. ELISA (enzyme linked immnosorbent assay)
- B. Liver transaminases
- C. Liver biopsy
- D. PCR

146. Which ONE of these following statements is TRUE in haemophilia?

- A. Severe hemophilia is typically associated with 2-5% factor VIII activity in the plasma.
- B. Bleeding time is prolonged
- C. Activated partial thromboplastin time is prolonged
- D. Bleeding is mainly mucosal

147. Which statement is true regarding liver function test:

- A. Measurement of the clotting factor is the best single test to assess the hepatic synthetic function due to rapid turnover.
- B. Serum albumin is a good indicator of acute and mild hepatic dysfunction
- C. In viral hepatitis, liver enzymes are elevated 200 folds
- D. Unconjugated hyperbilirubinemia is caused by liver affection

148. Which of the following true regarding typhoid fever:

- a. Bacteraemia in first week
- b. Rose-Waaler test positive in the second week
- c. Diagnosis is mainly clinical
- d. Titre of 1/40 is diagnostic

149. Platelet dysfunction is seen in the following conditions:

- A. Aspirin therapy
- B. Hypergammaglobulinemia
- C. Uremia
- D. All of the above

150. Which ONE of the following transfusions is likely to cause intravascular haemolysis?

- A. Group O blood to group A recipient
- B. Group B blood to group O recipient
- C. Group O blood to group AB recipient
- D. Rh-positive blood to Rh-negative donor

GOOD LUCK